

**UNITED STATES OF AMERICA VS. COOK COUNTY, ET.AL.**

**CIVIL NO. 10 C 2946**

**Fire and Life Safety and Sanitation and Environmental Conditions**

**Report No. VI**

**Monitor: Harry E. Grenawitzke**

**February 11-15, 2013**

**Executive Summary**

This report represents the sixth assessment of continual progress made by Cook County Department of Corrections (CCDOC), Department of Facilities Management (DFM) and Cermak Health Systems (Cermak) to comply with the consent agreement provisions for fire, life safety and environmental conditions between the United States Department of Justice Civil Rights Division and Cook County, to protect the constitutional rights of detainees housed at the Cook County Jail complex.

I am pleased to again recognize the significant progress made in the areas of fire, life safety and environmental health since the last visit in July, 2012. I believe this is noteworthy considering that in a little over two years, in the provisions for which I have responsibility only six provisions out of 39 are not in substantial compliance, and those six are designated as in "partial compliance. When one considers the sheer number of provisions in the entire agreement and the complexity of solutions necessary to meet them, the progress to date is outstanding. That can only happen when there is total commitment and dedication from all levels throughout Cook County including the County Board, Sheriff, Management leadership of CCDOC, Department of Facilities Management, Cermak, legal counsel and most of all the willingness of the employees of each of those organization to make a difference. As I have said many times changing a thirty year culture does not happen because of a dictate. It happens slowly and steadily as one improvement leads to the next. The number of employees of Cook County who are significantly responsible for managing the consent agreement while still directing a large and seemingly ever increasing population of diverse detainees makes me appreciate their dedication, their commitment and their diligence to resolve very complex and dynamic issues. I want to personally commend the outstanding leadership and mentoring provided by Sheriff Dart, CCDOC Interim Executive Director John Murphy and his team for their tireless effort to effectively address the numerous provisions of the consent agreement, not only in the areas of my responsibility, but also those in medical, mental health and security. Further the outstanding contributions from the Department of Facilities Management from James D'Amico, Shelley Smith, Mike D'Amico, and Jim Kissane are impressive. I also want to thank the Department of Justice for their oversight, counsel and trust in our work as budget issues have reduced their ability to travel as often as I am sure they would like.

Changes of the magnitude demanded by this agreement and expected by management do not happen without first a commitment to improve and the dedication to purpose of all employees in all the departments involved. The management team of all departments including Director Murphy of CCDOC,

Director D'Amico, and Interim Director Jesus Estrada at Cermak have in place are all committed to making CCDOC a safe and secure facility for the detainees being held there. Their leadership makes a difference.

As always I extend my appreciation to the leadership and employees of CCDOC, DFM, and Cermak for their responsiveness to my many requests for information and documentation between and during visits, which gave me what I needed to objectively assess their compliance with the agreed order and provide suggestions for changes and improvements. The employees of all three parties have always been receptive to new ideas and alternatives to manage and resolve complex issues.

This report represents my findings during the facility tour of February 11-15, 2013.

During this tour, I spent time touring housing units, speaking with inmates and visiting the kitchens and less time in meetings with staff. I also toured the new RCDC building which is expected to be operational in May, 2013. I did meet with the Fire Safety Committee and Weapons Free Committee and the Sheriff's Accountability Meeting. Additionally I spent considerable time with the new food service contractor to understand their policies and operational practices.

There were several notable positive changes from the previous report. They include:

1. All provisions of the consent agreement that are the responsibility of the Department of Facilities Management are now in "substantial compliance." Facilities Management has now taken the initiative to manage the negative pressure monitoring at the Cermak medical facility and to bring the monitoring equipment there back to functioning order. Moving forward, DFM will now manage those systems.
2. Marked improvement in the cleanliness of housing tiers including the cells, showers, and dayrooms in all the divisions that I visited. The only shortfall that I identified was in Cermak where cleanliness and organization need significant improvement. The success of the compliance team and the leadership of Support Services made this possible. Division Sanitation Officers conducting comprehensive inspections continues to be effective.
3. Continual improvement in timely processing an inordinate number of work orders through the "Facility Wizard" system. Officers are much more likely to request maintenance early, rather than wait for an emergency because they have confidence that their requests are responded to quickly and are based on an established priority system.
4. The selection of a new food service contractor with new employees, new menu, excellent training and written policies that will only improve with experience in a facility the size of CCDOC.
5. Strategic placement of emergency keys for all Facility Management shops within the CCDOC divisions so that staff and first responders can have immediate access in case of an emergency or spill.

6. Effective laundry operations throughout the complex to clean and return inmate clothing, personal clothing, linens and bedding within the same day. The focus now is to improve the use of the laundry by inmates in all divisions and reducing and/or eliminating the opportunity for inmates to launder their clothing in cell sinks and toilets.
7. Significantly less fires in the cells from inmates “cooking” commissary items. CCDOC created an incentive program by providing microwave ovens for inmate use as long as they maintain the cleanliness of their cells and common areas. Division IX is the only division that needs improvement.
8. Implementation of the lighting retrofit and replacement throughout the CCDOC divisions.
9. Of the 39 provisions included in my area of responsibility, this report identifies 33 are now in substantial compliance. Of those, 11 provisions have continued to be maintained in “substantial compliance for 18 months or longer and will not be a “primary focus for future monitoring tours even though they are still active provisions of the Order. They include:

F-74	G-83a	G-83m
F-77	G-83c	G-83n
F-78	G-83e	G84a
F-80	G-83i	

They will be highlighted in “green” in the final report.

There are 22 provisions in “substantial compliance”. However, they have not yet been maintained in that status for 18 months. They include:

C-53e	F-73	F-82	G-83h	G-830	G-85d
C-53f	F-75	G-83d	G-83j	G-84d	G-85e
F-71	F-76	G-83f	G-83k	G-85b	
F-72	F-79	G-83g	G-83l	G-85c	

There remain six provisions that are in “partial compliance”. They include:

F-81	G-84b	G-84e *
G-83b	G-84c	G-85a

- In the Monitor Report #V dated July 20, 2012; this provision was inadvertently recorded “substantial compliance.” The provision should have been recorded “partially compliant.”

There are no provisions that are in “non-compliance”. No provisions were downgraded as a result of this tour.

As with any progress in a facility of this size, there are some concerns that need attention. They include:

1. As stated in the previous report, the ever increasing detainee population in the facility will make it difficult to effectively maintain many of the provisions in the consent agreement.
2. Continuing to investigate and implement ways to reduce the time it takes to transport and deliver the hot meal as hot to the inmates. While food temperature measurements demonstrate that food safety is practiced, inmates continue to complain about cold food for hot menu items.
3. The ineffective cleaning and sanitation program in the housing units of Cermak. As a medical facility, one would expect that the rooms always be well organized, clean, and in good repair.
4. Assuring that the new R DC facility is ready for occupancy with all fire safety, sanitation, food service, and maintenance systems in placed

At the September, 2013 tour, I will spend most time touring the divisions observing the implementation of the provisions. I expect to find continual substantial compliance and that most, if not all, of the remaining provisions to be in substantial compliance. Division superintendents, sanitation officers, supervisors, housing unit officers, and support staff will be asked show evidence of conformance with provisions of General Orders, monitoring requirements by being to explain processes, demonstrate conformance with General Orders and procedures and provide reports and logs as proof of compliance. Staff should anticipate that I will ask to see proof that corrective actions have been taken when non-conformances such as cleanliness or maintenance issues are identified and that the corrective action was effective to resolve the issue both for the immediate fix and long term. I recognize that there will be unexpected and unanticipated issues arise in daily operation and management of a jail. However, if the time is taken to identify and understand the root cause of an issue, the corrective action will focus on the long term rather than the “Band-Aid” fix. This involves reviewing, modifying, and implementing management systems including General Orders to prevent, eliminate or reduce non-conformances to an acceptable level.

Sincerely,

Harry E. Grenowitzke, RS, NPH, DQS

**Summary February 15, 2013**

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
<b>C.</b>	<b>Medical Care</b>			
<b>C. 53</b>	<b>Treatment and Management of Communicable Disease</b>			
C. 53e	Cermak shall ensure that the negative pressure and ventilation systems function properly. Following CDC guidelines, Cermak shall test daily for rooms in-use and monthly for rooms not currently in-use. Cermak shall document results of such testing.	X 3/11 X 8/11 12/11 X2/13	X 9/10 <u>X 7/12</u>	
C. 53f	Cermak shall notify DFM, in a timely manner, of routine and emergency maintenance needs, including plumbing, lighting and ventilation problems.	<u>X7/12</u> <u>X2/13</u>	X 3/11 X8/11 X12/11	X 9/10
<b>F.</b>	<b>Fire and Life Safety</b>			
F. 71	CCDOC and DFM shall work together to develop and implement a fire safety program and ensure compliance is appropriately documented. The initial Fire Safety Plan shall be approved by the fire prevention authority having jurisdiction. The Fire Safety Plan shall be reviewed thereafter by the appropriate fire prevention authority at least every two years, or within six months of any revisions to the plan, whichever is sooner. Fire safety and emergency procedures shall be standardized across divisions, to the extent possible given differences in physical plant and security levels.	12/11 X 7/12 X2/13	X 9/10 X 3/11 X8/11	
F. 72	CCDOC shall develop and implement an evacuation plan for inmates and staff and ensure that comprehensive fire drills are conducted every three months on each shift. CCDOC shall document these drills, including start and stop times and the number and location of inmates who were moved as part of the drills.	12/11 X7/12 X2/13	Not Assessed 9/10 X 3/11	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
			X 8/11	
F. 73	DFM shall ensure that the Facility has adequate fire and life safety equipment, including installation and maintenance of fire alarms and smoke detectors in all housing areas according to applicable fire codes. Maintenance and storage areas shall be equipped with sprinklers or fire resistant enclosures in accordance with City of Chicago Fire Code (13-76-010).	X 7/12 X2/13	X 9/10 X 3/11 X8/11 12/11	
F. 74	DFM shall ensure that all fire and life safety equipment is properly maintained and routinely inspected. DFM shall develop and implement a program related to the testing, maintenance and inspection of the Life Safety Equipment.	X 3/11 X 8/11 12/11 X 7/12 X2/13	X 9/10	
F. 75	CCDOC shall continue to ensure that emergency keys are appropriately marked and identifiable by touch and consistently stored in a quickly accessible location, and that staff are adequately trained in use of the emergency keys.	X2/13	X 9/10 X 3/11 X 8/11 X12/11 X 7/12	
F. 76	CCDOC shall ensure that staff are able to manually unlock all doors (without use of the manual override in the event of an emergency in which the manual override is broken), including in the event of a power outage or smoke buildup where visual examination of keys is generally impossible. CCDOC shall conduct and document random audits to test staff proficiency in performing this task on all shifts, a minimum of three times per year. CCDOC shall conduct regular security inspections of all locking mechanisms. CCDOC shall communicate with DFM via the Work Order System regarding lock-related issues and maintenance.	X2/13	X 9/10 X 3/11 X 8/11 X12/11 X 7/12	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
F. 77	DFM shall develop and implement an annual preventative maintenance program concerning security devices such as doors locks, fire and smoke barrier doors, and manual unlocking mechanisms to ensure these devices function properly in the event of an emergency.	X 3/11 X 8/11 12/11 X 7/12 X2/13	Not Assessed 9/10	
F. 78	CCDOC shall implement competency-based testing for staff regarding fire and emergency procedures.	X 8/11 12/11 X 7/12 X2/13	Not assessed 9/10 X- 3/11	
F. 79	CCDOC shall promptly notify DFM of all electrical hazards, including maintenance and repair of electrical outlets, devices, and exposed electrical wires.	X7/12 X2/13	X 9/10 X 3/11 X 8/11 X12/11	
F. 80	DFM shall promptly repair all known electrical hazards, including maintenance and repair of electrical outlets, devices, and exposed electrical wires and will document repairs by the Work Order System.	X 3/11 X 8/11 12/11 X7/12 X2/13	X 9/10	
F. 81	CCDOC shall ensure that combustibles are controlled and eliminate highly flammable materials throughout the facility and inmate living areas (e.g., inmates 'use of paper bags as trash receptacles, ripped fire-retardant mattress covers, improvised cell light covers, blankets on cell floors, and improperly stored and labeled		X 3/11 X 8/11 X12/11	X9/10

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
	flammable liquids and other chemicals).		X 7/12 X2/13	
F. 82	CCDOC shall ensure that fire safety officers are trained in fire safety and have knowledge in basic housekeeping, emergency preparedness, basic applicable codes, and use of fire extinguishers and other emergency equipment.	X7/12 X2/13	Not Assessed 9/10 X 3/11 X 8/11	
<b>G</b>	SANITATION AND ENVIRONMENTAL CONDITIONS			
<b>G. 83</b>	Sanitation and Maintenance of Facilities			
G. 83a	DFM shall maintain an adequate written staffing plan and sufficient staffing levels to provide for adequate maintenance of the Facility.	X 8/11 12/11 X 7/12 X2/13	X 9/10 X 3/11	
G. 83b	CCDOC shall revise and implement written housekeeping and sanitation plans to ensure the proper routine cleaning of housing, shower, and medical areas, in accordance with generally accepted correctional standards. Such policies should include oversight and supervision, including meaningful inspection processes and documentation, as well as establish routine cleaning requirements for toilets, showers, and housing units.		X 9/10 X 3/11 X 8/11 X12/11 X 7/12 X2/13	
G.83c	DFM shall implement a preventive maintenance plan to respond to routine and emergency maintenance needs, including ensuring that shower, toilet, and sink units are adequately maintained and installed.	X 3/11 X 8/11	X 9/10	



Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
		12/11 X 7/12 X2/13		
G. 83d	CCDOC shall notify DFM, in a timely manner, of routine and emergency maintenance needs, including plumbing, lighting, and ventilation problems.	X 7/12 X2/13	X 8/11 X12/11	X 9/10 X 3/11
G.83e	DFM shall ensure adequate ventilation throughout the Facility to ensure that inmates receive an adequate supply of air flow and reasonable levels of heating and cooling. DFM staff shall review and assess compliance with this requirement on a daily basis for automated systems and on an annual basis for non-automated systems.	X 3/11 X 8/11 12/11 X7/12 X2/13	X 9/10	
G. 83f	CCDOC shall notify DFM of any visible obstructions to the ventilation system.	X 7/12 X2/13	X 3/11 X 8/11 X12/11	X 9/10
G. 83g	Cook County shall ensure adequate lighting in all inmate housing and work areas.	X2/13	X 9/10 X 3/11 X 8/11 X12/11 X 7/12	
G. 83h	CCDOC shall ensure adequate pest control throughout the housing units, medical units, RCDC, RTU, and food storage areas. CCDOC shall maintain a contract for professional exterminator services for each division, food services areas, and the Cermak hospital. Services should provide for routine pest control spraying and	X2/13	X 9/10 X 3/11 X 8/11	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
	additional spraying as needed.		X12/11 X 7/12	
G. 83i	CCDOC shall ensure that all inmates have access to needed hygiene supplies.		Not Assessed 9/10 or 3/11  X 8/11  X12/11  X 7/12  X2/13	
G. 83j	CCDOC shall develop and implement policies and procedures for cleaning, handling, storing, and disposing of biohazardous materials, in accordance with generally accepted correction standards. CCDOC shall ensure that any inmate or staff utilized to clean a biohazardous area are properly trained in universal precautions, are outfitted with protective materials, and receive proper supervision when cleaning a biohazardous area.	X2/13	Not Assessed 9/10  X 3/11  X8/11  X12/11  X7/12	
G. 83k	DFM shall develop a policy on hazardous materials, in accordance with generally accepted correctional standards, and insure that all DFM staff is properly trained on the procedure.	X7/12  X2/13	X8/11  X12/11	X 9/10  X 3/11
G. 83l	CCDOC shall provide and ensure the use of cleaning chemicals that sufficiently destroy the pathogens and organisms in biohazard spills.	X 8/11  12/11	Not Assessed 9/10	

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
		X7/12 X2/13	X 3/11	
G. 83m	CCDOC shall inspect and replace as often as needed all frayed and cracked mattresses. CCDOC shall destroy any mattress that cannot be sanitized sufficiently to kill any possible bacteria. CCDOC shall ensure that mattresses are properly sanitized between uses.	X 8/11 12/11 X7/12 X2/13	X 3/11	X 9/10
G. 83n	CCDOC shall ensure adequate control and observation of all housing units, including distribution and collection of razors and cleaning supplies. All cleaning tools and hazardous chemical shall be removed from housing areas after use.	X 8/11 12/11 X7/12 X2/13	X 9/10 X 3/11	
G. 83o	CCDOC shall ensure that Facility sanitarians receive training from a relevant state, national, or professional association with emphasis on assessment of environmental health practices and emerging environmental issues in correctional settings. Facility sanitarians should also have training on and access to testing equipment to ensure sanitary conditions.	12/11 X7/12 X2/13	X 9/10 X 3/11 X 8/11	
<b>G. 84</b>	<b>Sanitary Laundry Procedures</b>			
G. 84a	CCDOC shall develop and implement policies and procedures for laundry procedures to protect inmates from risk of exposure to communicable disease, in accordance with generally accepted correctional standards. To limit the spread of communicable disease, CCDOC shall ensure that clothing and linens returned from off-site laundry facility are clean, sanitized, and dry.	X 8/11 12/11 X7/12 X2/13	X 9/10 X 3/11	
G. 84b	CCDOC shall ensure that inmates are provided adequate clean clothing, underclothing and bedding, consistent with generally		X 3/11	X9/10

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
	accepted correctional standards, and that the laundry exchange schedule provides consistent distribution and pickup service to all housing areas.		X 8/11 X12/11 X 7/12 X2/13	
G. 84c	CCDOC shall train staff and educate inmates regarding laundry sanitation policies.		X 8/11 X12/11 X7/12 X2/13	X9/10 X3/11
G. 84d	CCDOC shall ensure that laundry delivery procedures protect inmates from exposure to communicable diseases by preventing clean laundry from coming into contact with dirty laundry or contaminated surfaces.	12/11 X7/12 X2/13	X 9/10 X 3/11 X 8/11	
G. 84e	CCDOC shall require inmates to provide all clothing and linens for laundering and prohibit inmates from washing and drying laundry outside the formal procedures.  (* In the Monitor Report #V dated July 20, 2012; this provision was inadvertently recorded "substantial compliance." The provision should have been recorded "partial compliance.")		X 9/10 X 3/11 X 8/11 X12/11 X7/12* X2/13	
<b>G. 85</b>	<b>Food Service</b>			
G. 85a	CCDOC shall ensure that all food service at the Facility is operated in a safe and hygienic manner and that foods are served and maintained at safe temperatures.		X 3/11 X 8/11	X9/10

Section	Language	Substantial Compliance	Partial Compliance	Non-compliance
			X12/11 X 7/12 X2/13	
G. 85b	CCDOC shall ensure that all food service staff, including inmate staff, must be trained in food service operations, safe food handling procedures, and appropriate sanitation.	X7/12 X2/13	X 9/10 X 3/11 X 8/11 X12/11	
G. 85c	CCDOC shall ensure that the Central Kitchen and Division XI kitchen are staffed with a sufficient number of appropriately supervised and trained personnel.	X2/13	X 9/10 X 3/11 X8/11 X12/11 X 7/12	
G. 85d	CCDOC shall ensure that dishes and utensils, food preparation and storage areas, and vehicles and containers used to transport food are appropriately cleaned and sanitized.	X2/13	X 9/10 X 3/11 X 8/11 X12/11 X 7/12	
G. 85e	CCDOC shall check and record, on a regular basis, the temperatures in the refrigerators, coolers, walk-in-refrigerators, the dishwasher water, and all other kitchen equipment with temperature monitors to ensure proper maintenance of food service equipment.	X7/12 X2/13	X 9/10 X 3/11 X 8/11 X12/11	

## STATUS REPORT

DATE OF STATUS REPORT: 1/15/12

### PROVISION: C. MEDICAL CARE

#### 53. Treatment and Management of Communicable Disease

e. Cermak shall ensure that the negative pressure and ventilation systems function properly. Following CDC guidelines, Cermak shall test daily for rooms in-use and monthly for rooms not currently in-use. Cermak shall document results of such testing.

#### FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE

**Status Update:** Briefly describe the actions taken by the Defendants to address the provision:

Since the July, 2012 tour the Department of Facilities Management (DFM) now monitors and documents negative air pressures for the 18 negative pressure cells and enunciator panel once each shift. The procedure requires that a work order be entered and corrective action anytime air handling systems demonstrate non-compliance. Occupational and Environmental Hygiene Services at the Great Lakes Center for Occupational and Environmental Safety and Health at the University of Illinois, Chicago, conducts a full testing of the ventilation system in the AIIRs annually. Copies of those reports are provided to the Chief Medical Officer.

**Monitor's Assessment:** Since the July, 2012 visit, repairs have been made to the enunciator panel that is designed to monitor air flow direction within the negative pressure cells. DFM provided a letter dated 1/16/13 from CEPro, Inc stating that the repair recommendations from the Certification report have been completed and all AIIR's meet the latest compliance from CDC, Illinois Department of Health and ASHRAE. All non-working Tek-Air pressure monitors were replaced and all differential pressures were calibrated. Going forward DFM will maintain the annual responsibility to have the system checked as well as the negative pressure testing daily. I reviewed selected monitoring data provided by DFM to verify that regular monitoring was being performed as specified.

#### **Monitor's Recommendations:**

1. Please provide me with a list of designated persons trained to conduct this monitoring and an outline of the training parameters.
2. All monitors must be able to competently perform the monitoring and recording process upon request and demonstrate sustainability for effective recording of the data.

**PROVISION: C. MEDICAL CARE**

**53. Treatment and Management of Communicable Disease**

f. Cermak shall notify DFM, in a timely manner, of routine and emergency maintenance needs, including plumbing, lighting and ventilation problems.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

Status Update: Briefly describe the actions taken by the Defendants to address the provision:

Cermak continues to process work orders through the “Facility Wizard” work order system utilized by Department of Facilities Management. This includes routine repairs and scheduled maintenance. Cermak Health Services Director or Assistant Director of Plant Operations/Environmental Services completes all online work order requests as necessary and has the capability to monitor the status and progress made on all outstanding work orders daily. Work

**Monitor’s Assessment:** Describe the monitor’s assessment of the status and documentation for the compliance status.

There has been no change since the last visit. The interface for “Facility Wizard” has been operating effectively since April, 2012. Cermak can and does now track outstanding work orders through the online database. As a result, this provision continues to be in “Substantial Compliance” with Consent Agreement.

**Monitor’s Recommendations:**

1. No further recommendations at this time. Continue to demonstrate sustainability with the provision.

**PROVISION: F. FIRE AND LIFE SAFETY**

**71.** CCDOC and DFM shall work together to develop and implement a fire safety program and ensure compliance is appropriately documented. The initial Fire Safety Plan shall be approved by the fire prevention authority having jurisdiction. The Fire Safety Plan shall be reviewed thereafter by the appropriate fire prevention authority at least every two years, or within six months of any revisions to the plan, whichever is sooner. Fire safety and emergency procedures shall be standardized across divisions, to the extent possible given differences in physical plant and security levels.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

The Interagency Committee created the Fire Safety Committee (FSC) in August, 2010. It continues to meet monthly to address the provisions of the consent agreement regarding fire and life safety. The committee consists of representatives from the Office of the Sheriff, Department of Corrections, Cermak Health Services, and the Department of Facilities Management. The CCDOC division specific fire evacuation and emergency plans have been reviewed by the City of Chicago Fire Department. The Chicago Fire Department in correspondence dated Dec. 24, 2012 has accepted the CCDOC Fire Evacuation and Emergency plans and the General Orders as written. Further the City of Chicago completed an inspection of CCDOC and found either full compliance with previously identified violations or that they were in the process of being corrected. Currently a fire prevention inspector from the Chicago Bureau of Fire Prevention visits the complex and alerts the personnel to common problems related to fire safety. Unannounced fire drill are conducted regularly on a schedule and attended by an inspector from the Fire Prevention Bureau.

The FSC issued the Interagency Directive, 64.5.30.0, effective date of August 22, 2011. The purpose of which is to establish the policy and procedures for Fire Safety Plans, fire emergencies, and evacuations within CCDOC. It establishes the respective roles and responsibilities of the CCDOC, Cermak, and DFM relating to Fire Safety Plans, emergencies and evacuations. CCDOC now has a designated fire safety administrator and each division has safety officers assigned for each shift including weekends and holidays. Supervisor training on Fire Safety is every other month. Correction Officer Fire Safety Training is offered weekly at the Moraine Valley Community College. The classes are taught by Director of Policy and Accountability, Michael Brady, who also chairs the Fire Safety Interagency Committee. The procedures require that divisional Fire Safety Officers conduct weekly fire safety inspections of all housing, administrative, medical clinics, storerooms, maintenance rooms, classrooms, and common areas within their respective divisions and that fire drills be conducted quarterly on each shift in all divisions.

**Monitor's Assessment:**

Since its inception, I have continued to receive and review the summaries of all meetings of the Interagency Fire Safety Committee with an opportunity for input. I have also reviewed and provided comments to the committee on the initial draft Fire Safety Plan that resulted in several changes and additions to it. The Interagency Directive continues to be in effect. As of October, 2011 drills continue to be conducted more frequently than required in the Interagency Directive. There is a post drill review of every drill.

Since the last visit there was one smoke related evacuation of Division X. As appropriate, there was an investigation by DFM and the Fire Safety Manager. The investigation identified the source of smoke as a malfunctioning motor belt located in the Mechanical Room or Penthouse. It was repaired immediately. The response, the investigation and the corrective action were all very appropriate for the incident.

There is always a designated and trained fire safety officer on duty in each division on all shifts.



As General Order 64.5.30.0, Fire Safety, Fire Emergency, and Fire Evacuation Interagency Directive was effective August, 2011, it should be reviewed and as necessary updated and reauthorized sometime during 2013.

**Monitor's Recommendations:**

1. Continue the fire safety training for all correction officers. Assure that correction officers assigned to a specific division understand the fire safety plan for that division and substantially demonstrate effective implementation of it during an emergency.
2. Conduct a formal review of the Interagency Directive for Fire Safety, Fire Emergency, and Fire Evacuation General Order 64.5.30.0 during this calendar year and at least annually thereafter.
3. Continue the unannounced fire drills on all shifts as planned, along with a review of each drill completed by the CCDOC Safety Administrator. Document any corrective actions taken for any identified non-conformances. The Interagency Fire Safety Committee should also review quarterly results of fire drills and make adjustments to the Safety Plan as necessary.
4. Complete the fire safety plan for the new RCDC prior to occupancy and begin training and drills before and after it becomes operational.

**72.** CCDOC shall develop and implement an evacuation plan for inmates and staff and ensure that comprehensive fire drills are conducted every three months on each shift. CCDOC shall document these drills, including start and stop times and the number and location of inmates who were moved as part of the drills.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Based on the correspondence referenced in 71 above, the Fire Evacuation and Emergency Plans specific to all divisions have been reviewed and found to be acceptable by the Chicago Fire Department. CCDOC is currently conducting one fire drill per month on each shift including the movement of inmates. While the consent agreement is not clear as to whether the drill frequency is for the entire complex or within each Division, the intent is that all housing units and areas where inmates congregate would be drilled at least annually. Wally Schroeder, trainer from the Chicago Fire Department suggested, and I agree, that there be fewer drills involving the movement of inmates as it is disruptive to normal operations. This will permit more frequent drills, and have less impact on security. He was very confident based on his witnessing of several drills that officers know how to effectively move inmates quickly and safely. The Interagency Directive for Fire Safety, Fire Emergency, and Fire Evacuation is complete. This provision is clearly being met.

**Monitor's Assessment:**

On this visit, I did not witness any fire drills. From Oct. 2012 through December 2012 I reviewed 21 fire drill reports and summaries. The drills were conducted in all Divisions and are rotated to different housing units and areas such as the barber shop. The summaries clearly demonstrate the effectiveness of the training provided to officers.

**Monitor's Recommendations:**

1. Continue fire drills on the monthly schedule for each shift and Division with documentation that follows the agreed order. Maintain an updated log showing the last date any housing unit has conducted a fire drill to be able to demonstrate that drills are reasonable being spread throughout each Division.
2. Assure that drills are scheduled and administered in the new RCDC upon occupancy.

**73.** DFM shall ensure that the Facility has adequate fire and life safety equipment, including installation and maintenance of fire alarms and smoke detectors in all housing areas according to applicable fire codes. Maintenance and storage areas shall be equipped with sprinklers or fire resistant enclosures in accordance with City of Chicago Fire Code (13-76-010).

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE****Status Update:**

The Department of Facilities Management (DFM) has the responsibility to provide and maintain all fire and life safety equipment within the CCDOC complex. All housing areas, kitchens, maintenance facilities etc are provided with fire alarms and smoke detectors in accordance with the City of Chicago Fire Code. Testing and maintenance is conducted annually on all fire and life safety equipment and is provided by locally licensed companies under contract with DFM. DFM additionally has documented the location all applicable fire and life safety equipment including fire alarms, smoke detectors, fire extinguishers, fire panels, egress boxes containing keys, flammable cabinets, and a division specific chemical inventory list throughout the facility. They have installed flammable cabinets in all maintenance shops where flammables are stored and used. All flammables used by DFM are stored effectively within those designated cabinets. DFM has established policy (09-03-04) for safe and effective storage of all hazardous materials. They have created a binder that is sorted by division and by floor

and have color coded the location of all mechanical shops, mechanical rooms, closets, stairwells, plumbing chases, fire panels, and evacuation key egress boxes. A copy of the binder has been provided to the Chicago Fire Department, each division's fire safety office, and the Director of Policy and Accountability, Mike Brady. DFM provides updates at the Fire Safety Committee meetings and the Sanitarian provides the updates to the Superintendents.

**Monitor's Assessment:**

There has been no change since the previous report. The provision continues to be in substantial compliance. DFM maintains an up-to-date list of all fire safety and emergency devices including alarms, extinguishers, strobes, pull stations, and extinguishers for each division. I reviewed the binder described above and found it to be well organized and a valuable tool in case of an emergency. Each division's fire safety office maintains a copy of their division's floor plan and inventory book.

The DFM policy requires that all hazardous materials be stored in clearly marked, safely and effectively stored in a designated storage area. It also requires that an inventory of all hazardous materials be maintained showing the name, quantity, hazard and location. Inventories were being maintained in all cabinets of the maintenance areas visited. Maintenance rooms continue to be organized and reasonably clean with tools color coded and stored effectively. I visited one mechanical room on this tour and found it to be organized, clean and maintained.

The Chicago Fire Department has observed the placement of flammable cabinet locations and although they will not provide a written acceptance as described in Provision 71 above, their representative stated that the storage locations were acceptable.

This provision is now in substantial compliance with the consent agreement.

**Monitor's Recommendations:**

1. No further recommendations at this time..

**74.** DFM shall ensure that all fire and life safety equipment is properly maintained and routinely inspected. DFM shall develop and implement a program related to the testing, maintenance and inspection of the Life Safety Equipment.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Facilities Management has fully implemented their policy #10-01-01, Required Testing, Inspection, and Maintenance of Life Safety Systems. This policy and procedure outline required testing in accordance with NFPA requirements. It includes weekly and monthly generator testing, monthly fire department connections inspection, monthly fire pump churn testing, monthly fire extinguisher inspection, annual fire pump testing, annual fire alarm testing, annual main drain testing, and annual elevator testing. Included in the policy is the requirement for documented corrective action when non-conformities are identified. Required testing, inspection, and maintenance for all life safety systems are scheduled and maintained through the "Facility Wizard" work order system.

**Monitor's Assessment:**

I did not observe any issues during this tour. All fire extinguishers I checked throughout the complex had been inspected and the tags updated as required.

**Monitor's Recommendations:**

1. No further recommendations at this time.

**75.** CCDOC shall continue to ensure that emergency keys are appropriately marked and identifiable by touch and consistently stored in a quickly accessible location, and that staff are adequately trained in use of the emergency keys.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

The Security and Key Control Interagency Directive was issued effective January 1, 2012. It requires that each Division have a "red" emergency key box in the control room. That box holds the key that opens a second box containing an emergency key for all housing unit doors. The key box is locked and has a security seal that has to be broken to gain access. The policy further requires that any time the seal is broken, including during an emergency, the Watch Commander must be notified, an incident report written, and a work order written requiring DFM locksmith to reseal the box.

All emergency egress keys are color coded and have a two inch glow stick attached to the key ring. Restricted keys are those specifically assigned to designated personnel with the authority of the respective division superintendent or DFM's Deputy Director/OEIV. These keys are color coded differently than the egress keys. General keys are specific designated keys for everyday use such as for the library, classrooms, recreation rooms, etc., and are also color coded. Emergency access keys for all DFM maintenance shops and mechanical rooms and closets are currently maintained in the Superintendent's office of Division XI. This was a pilot to assure that those keys would only be used in case of an emergency. During discussions DFM agrees that Division XI is not the best location for the entire complex. As a result, emergency keys for DFM shops for Divisions I, II, III, IV and V will be housed

in the Superintendent's office in Division V. Emergency keys for Divisions VI, IX, X and the new RCDC will be housed in the Superintendent's office in Division IX. Division XI will still maintain the keys for shops in Division XI.

**Monitor's Assessment:**

The glow sticks are currently installed in all divisions. This solution is simpler and seemingly more effective than notching each key, considering the number of keys that would have to be notched in a facility this size. I observed the glow sticks during the fire drill conducted in Division V in December. Training of all control room officers and back-ups on all shifts on the location of the emergency keys is complete. The issue identified in the December, 2011 report regarding providing CCDOC emergency access to all DFM maintenance shops, mechanical rooms and closets is now resolved. As discussed above DFM has proposed a plan to strategically locate emergency keys for their shops in Divisions V, IX, and XI. As a result, this provision will now fully comply. CCDOC has emergency access to all DFM shops and mechanical rooms. The system as established will provide DFM with documentation as to whom and when any emergency box was opened.

**Monitor's Recommendations:**

1. Provide documentation showing who in each division has been trained on the location and use of emergency keys.
2. Complete the relocation of DFM shop emergency keys as described above.

**76.** CCDOC shall ensure that staff are able to manually unlock all doors (without use of the manual override in the event of an emergency in which the manual override is broken), including in the event of a power outage or smoke buildup where visual examination of keys is generally impossible. CCDOC shall conduct and document random audits to test staff proficiency in performing this task on all shifts, at a minimum of three times per year. CCDOC shall conduct regular security inspections of all locking mechanisms. CCDOC shall communicate with DFM via the Work Order System regarding lock-related issues and maintenance

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Emergency keys for each division are stored in a secure control room. All keys have been equipped with glow sticks that will easily allow staff to identify a specific key in the case where vision is impaired because of smoke or fire. The Fire Safety Committee explained that on every shift, the officer assigned to the unit or tier inspects all locking mechanisms and reports any issues through the DFM work order system. The Fire Safety Committee has implemented an "Egress Key Exercise for each Division on all

shifts by all personnel.. Egress keys are also part of the routine fire drills that have been conducted as described above.

**Monitor's Assessment:**

During this visit, I did not assess any division's process for conducting random audits to test staff proficiency in performing easy identification of keys. My review of open work orders did show examples of work orders filed when locks were found tampered and inoperable. This is also shown on affected incident reports.

**Monitor's Recommendations:**

1. Continue testing the egress key exercise for all divisions. This should be done at least annually
2. Provide evidence that the testing of door locks and what to do if a lock fails is included on the correction officer's training syllabus.

**77. DFM shall develop and implement an annual preventative maintenance program concerning security devices such as doors locks, fire and smoke barrier doors, and manual unlocking mechanisms to ensure these devices function properly in the event of an emergency.**

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

The annual inspection of door locks, fire and smoke barrier doors, and manual unlocking mechanisms is included on the "Facility Wizard" work order system as a standing order. The annual inspections are completed by the same contractor that inspects smoke detectors, fire alarms, and smoke detectors.

**Monitor's Assessment:**

There has been no change since the previous report Facilities Management has completed its 2012 annual inspection of all door locks, fire and smoke barrier doors, and manual unlocking mechanisms through the same outside vendor that inspected smoke detectors, fire alarms and smoke detectors. I will continue to monitor compliance with this provision.

**Monitor's Recommendations:**

1. Continue the monitoring program as scheduled.
2. No further recommendations.

**78. CCDOC shall implement competency-based testing for staff regarding fire and emergency procedures**

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

CCDOC through the Interagency Fire Safety Committee has implemented the competency based safety officer proficiency examination. It is given to all safety officers. They have also completed training for most divisional supervisors and shift commanders. The test is based on the Interagency Directive for Fire Safety, Emergency, and Evacuation. There are currently two different versions of the test that can be alternated between classes or trainings. The Directive specifically outlines that fire safety orientation for each division is conducted by the Superintendent or designee for any officer new to the division in accordance with the current CCDOC General Order regarding division orientation handbook. Following orientation there is a written test. Any officer failing the test is required to attend another orientation or receive supplemental training at the Superintendent's discretion.

CCDOC has issued the division specific Orientation Handbook. It is the responsibility for all CCDOC staff to fully understand expectations and responsibilities for a variety of safety and sanitation topics. It includes sections on Safety and Sanitation Inspections of Living Units (General Order #24.9.9.0), Fire Safety (Interagency Directive #64.5.30.0), Egress Keys, Chain of Command, Inmate Count Procedures, and Compound Lockdown Levels. Each handbook includes a floor specific site map identifying key areas specific to safety within the division.

**Monitor's Assessment:**

The competency based fire and emergency evacuation safety officer proficiency exam was initiated in August, 2011. The passing score for the exam is 80%. Safety classes were most recently held in December, 2012 and January, 2013. 104 officers successfully passed the written exam and are recognized as safety officers. This is in addition to the 83 provided training earlier in 2012. Further all officers receive fire safety training as part of their annual training program. DFM and representatives of Cermak and the Central Kitchen have been included in the training.

**Monitor's Recommendations:**

1. Continue training and testing until all divisional fire safety officers for all shifts have completed the training and demonstrated their competency
2. Establish a course syllabus (topic outline) for each division's training program and identify the designated trainer responsible providing the training.
3. Continue to identify and maintain documentation of those officers who do not perform up to expectation during regular drills and actual events. Prior to my next visit, please provide evidence of the remedial training and the list of officers who have completed it. While an officer may have

successfully passed the written examination, the validation of the training is how they actually perform during drills and actual events

**79.** CCDOC shall promptly notify DFM of all electrical hazards, including maintenance and repair of electrical outlets, devices, and exposed electrical wires.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

The Interagency directive for fire safety provides that each division safety officer conduct weekly fire safety inspections of all housing, administrative offices, medical clinics, shops, maintenance rooms, classrooms, and common areas. Each week the inspection is completed by a different shift's safety officer. For example, week one is first shift, week two is second shift etc. The weekly completed reports are then submitted to the division's Superintendent by the end of the inspection week. Any "life safety" deficiencies are reported immediately to the respective division superintendent, an incident report is filed, and DFM is to be notified via their emergency number. The weekly inspection form includes monitoring of electrical outlets and covers, electrical cords and plugs, fire extinguishers, assuring sprinklers are unobstructed, exit ways are unobstructed, exit signs are illuminated, garbage and combustible refuse removed, and assurance that flammable materials are stored only in designated fire safe cabinets.

At the end of each month the second shift safety officers are required to complete and submit a copy of the monthly deficiency report to the respective division superintendent noting any unresolved deficiencies. Further the CCDOC Safety Administrator is required to provide a status report at the following meeting of the Interagency Fire Safety Committee. All unresolved non-conformances after 30 days are referred to the Executive Directors of CCDOC and DFM for resolution.

CCDOC is fully integrated with the DFM "Facility Wizard" work order tracking system. A review of the number of work orders filed by each division shows a marked increase in timely work orders being submitted and work completed by DFM maintenance trades. This includes electrical problems.

**Monitor's Assessment:**

During this tour, I visited housing units in Divisions I, II, XI, XI and Cermak. I did not identify any electrical issues with the exception of light fixtures that are in the process of being replaced through a capital project. See Provision G. 83g. Since my visit in December to Division XI, CCDOC changed superintendents and have virtually eliminated the in-cell fires that inmates started to "cook" food in that Division. In Division IX the Superintendent, when asked how many fires have occurred there since January he estimated about 20. This is not acceptable practice in Division IX or any other division. Fires should be reported on the weekly incident reports and discussed during the Superintendent's meeting



with the Executive Director. I did observe in the housing units visited less debris and flammables within the cells, they have eliminated sources that inmates used to ignite the flammables.

**Monitor's Recommendations:**

1. The Executive Director should require that an incident report be filed for any unauthorized fire in any housing units. Housing unit and Tier officers need to understand that any fire is no longer acceptable practice throughout the complex. I will be reviewing the incident reports in the coming months to monitor progress.
2. Using the experience of Division XI, assure that all divisions are fully implementing and enforcing the Interagency Directive on Fire Safety including all documented weekly inspections with effective and written corrective action follow-up for all outstanding deficiencies.
3. No later than August 1, 2013, provide me with a summary of inspection reviews and implemented corrective actions. I want to review them prior to my next visit.
4. Provide documented evidence that the monthly reports are actually submitted and reviewed by each division's superintendent. This is by signature of the superintendent accepting the report.

**80.** DFM shall promptly repair all known electrical hazards, including maintenance and repair of electrical outlets, devices, and exposed electrical wires and will document repairs by the Work Order System.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

The priority system established by DFM to track and monitor resolution of all maintenance requests has worked successfully since implemented in August, 2010. It assures timely response to work order requests, including electrical hazards, filed by CCDOC and Cermak. Electrical hazards are a first priority for response by DFM. Ongoing Interagency meetings serve as the vehicle to address any outstanding issues including electrical hazards.

The DFM "Facility Wizard" system for reporting, processing, and tracking work orders is functioning well and provides documented evidence of completed and pending work orders. Each day CCDOC and Cermak can monitor progress or lack thereof for all outstanding work orders and follow up with DFM as necessary to assure timely response and repairs to electrical hazards.

**Monitor's Assessment:**

There has been no change since the last report. Electrical issues are considered a first priority within the DFM priority system. Electrical issues will be reduced more significantly with the completion of the

relighting project currently underway throughout the complex. Since the use of “Facility Wizard” by CCDOC in April of 2012, DFM has completed over 6000 electrical repairs in roughly nine months. Of the 470 pending, many will be eliminated as part of the capital relighting project. Very few are over 2 weeks old. Electrical and fire safety work order requests are addressed either the same day or the next. Occasionally a weekend or holiday a request may be completed the following day. “Emergency” orders are typically handled within hours of the request.

The first phase of the two phase relighting and replacement program for lighting fixtures has begun. This will significantly reduce the number of electrical issues including inmate accessible exposed wires in the fixtures, broken incandescent light bulbs etc.

**Monitor’s Recommendation:**

1. Continue monitoring the time from receipt of a work order to its closure. I will continue to monitor those reports.
2. No further recommendations at this time.

**81.** CCDOC shall ensure that combustibles are controlled and eliminate highly flammable materials throughout the facility and inmate living areas (e.g., inmates’ use of paper bags as trash receptacles, ripped fire-retardant mattress covers, improvised cell light covers, blankets on cell floors, and improperly stored and labeled flammable liquids and other chemicals).

**FEBRUARY, 2013 COMPLIANCE STATUS: PARTIAL COMPLIANCE**

**Status Update:**

The revised General Order 11.1.0 “Sanitation Procedure and Inspection” is in effect, as is the CCDOC Master Sanitation Plan. Division specific sanitation plans for all divisions are also now complete. Its uniform and consistent implementation, with tier officer enforcement including accountability from supervisory officers will reduce the amount of combustibles within housing units. Since the December, 2011 tour, CCDOC created a “Compliance Team” with representatives from each division and Support Services including the Sanitarians. Their mission from former Director Gary Hickerson was to investigate alternatives and create workable solutions and methods to address combustibles as well as lack of sanitation in most housing units. Once they developed the plan, it was quickly accepted by executive management. This team continues to meet regularly to conduct and review internal inspections of housing units and other areas within each division.

The plan to create an incentive for inmates to maintain the cleanliness in their cells and eliminate combustibles is gradually being introduced in some divisions. According to the Sanitarians and Support Services, it appears to be having a positive impact. Tiers or pods that maintain adequate sanitation and cleanliness are rewarded by allowing microwaves to be available in the dayrooms so that inmates can

use them to heat foods from the commissary. The positive reinforcement aspect is resulting in cleaner cells with fewer combustibles in the housing units. This approach may also serve well as an incentive to have inmates use the laundry, as well.

**Monitor's Assessment:**

My assessment of housing units during this tour revealed significantly improved sanitation in most divisions. There was considerable improvement in Divisions I, II, V, and XI. I will continue to monitor progress in other divisions in subsequent tours. Division III was much improved from the previous tour. I continue to recognize and commend the Superintendents for their acceptance of this staff created idea and their support to make the dramatic improvement. Those Superintendents continue to make a difference. Division IX continues to have issues with unauthorized fires used for cooking food by inmates. Management needs to establish strict enforcement of the Sanitation Policy with that Division as it has in the others.

DFM continues to formally control the storage of all flammables and maintains an appropriate inventory of all flammables for each of their maintenance shops as discussed earlier in this report. Flammables are safely stored inside designated and labeled fire safety cabinets throughout the complex. As discussed in Provision 73, DFM has completed the color-coded map and inventory of all flammable and hazardous chemicals and provided it to CCDOC division safety officers and Safety Administrator. So within each division, there is an up-to-date inventory of all flammables being stored in that specific division. The inventory is maintained by DFM and is readily available to first responders in case of an emergency.

**Monitor's Recommendations:**

1. The CCDOC Safety Administrator, along with DFM designated management needs to formally monitor the locations where flammables are stored and inventory at least quarterly to assure sustainability. In between quarterly inspections, the Division Fire Safety Officers should monitor the locations and inventory during their weekly inspections and document and notify DFM if discrepancies when found..
2. Continue through the "Compliance Audit Team" as well as Sanitarian unannounced inspections on all shifts of the inmate housing units to assure that rules to eliminate and prevent storage of flammables are followed consistently in all divisions. Housing unit correction officers on all shifts must be required to administer the orders as established and supervisors must enforce when necessary.

**82.** CCDOC shall ensure that fire safety officers are trained in fire safety and have knowledge in basic housekeeping, emergency preparedness, basic applicable codes, and use of fire extinguishers and other emergency equipment.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

The Interagency Directive for Fire Safety, Fire Emergency, and Fire Evacuation was issued effective August 19, 2011. The policy establishes that all CCDOC employees must receive training and become well-versed in the fire safety, emergency, and evacuation plans of the department and its divisions. This includes safety officers. Further, the policy explains that “Communication among and between CCDOC, Cermak, and CCDFM employees is key in assuring a safe facility, and all shall work together to implement this directive.”

The Interagency Directive requires the identification and training of all CCDOC divisional safety officers for each division at least annually. The training must be provided by or with the approval of the Cook County Sheriff’s Office Training Institute, through the CCDOC Safety Office and the Chicago Fire Department, and in accordance with a written course syllabus to be reviewed annually by the Fire Safety Committee.

The training of safety officers (fire safety officers) is currently provided by Wally Schroeder of the Chicago Fire Department and using the video of one of the courses. Following the training, safety officers are required to pass a written proficiency examination.

**Monitor’s Assessment:**

The competency based fire and emergency evacuation safety officer proficiency exam was initiated in August, 2011. The passing score for the exam is 80%. The first exam scores showed that of the 50 officers who took the test, 39 scored 90% or better with only three not passing. For 2012 the exam was given thus far to 187 representing all divisions and support services. All participants successfully passed the written exam. The safety administrator maintains sign in sheets for officers and for safety officers documenting their training and the status of exam.

As explained earlier in this report, the divisional orientation handbooks for divisional safety officers are now complete and issued. On future tours, I will continue to monitor safety officer knowledge by witnessing drills and questioning housing officers.

This provision continues to be in substantial compliance with the consent agreement.

**Monitor’s Recommendations:**

1. The Safety Administrator needs to assure that all designated Safety Officers assigned within the divisions have received the training referenced in the Interagency Directive. Should a Safety Officer be transferred or leave CCDOC, the superintendent, prior to the transfer or leave shall provide the name of the replacement Safety Officer to the Safety Administrator. Each division superintendent

must assure that there is always a trained Safety Officer within their division at all times. It may be necessary to train back-up officers for all shifts, holidays, and weekends.

## **PROVISION: G. SANITATION AND ENVIRONMENTAL CONDITIONS**

### **83. Sanitation and Maintenance of Facilities**

a. DFM shall maintain an adequate written staffing plan and sufficient staffing levels to provide for adequate maintenance of the Facility.

#### **FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

##### **Status Update:**

The Department of Facilities Management has a written staffing plan for each trade, including response to work order requests, scheduled maintenance, and emergencies; for engineering, plumbing, electrical, painting, carpentry, and masons. It includes supervisory personnel for each. It is important to note here that DFM is responsible for the maintenance and repairs of all Cook County owned facilities including CCDOC. There are assigned trades that report directly to the CCDOC complex. Others may be brought in to assist, if necessary. DFM has modified its contracts with trades and now provides trades for two shifts. This will allow for more timely coverage and reduce overtime costs for Cook County.

##### **Monitor's Assessment:**

The staffing plan for the Department of Facilities Management for fiscal year 2013 has been increased from the previous year to provide for increased workload as a result of the anticipated opening of the new RCDC and medical facility. DFM provided a summary of positions by business unit and job code that provides time adjusted FTEs of one iron worker, one carpenter, one electrical technician, one painter, one plumber, one steamfitter and one operating engineer. The staff assigned to CCDOC will be increased to assure timely response. Currently DFM has budgeted 17 electricians, 8 electrical technicians, 1 mason, 17 plumbers, 5 steamfitters, 46 engineers and mechanicals, 15 painters, 14 carpenters, 3 machinists, 2 tin smiths, 7 iron workers, 2 glazers, 2 laborers, and 3 pipe insulators.

DFM administrators continue to work to assure that CCDOC and Cermak maintenance and repairs continue to receive priority response. This is as a result of the Consent Agreement and continuing requirement for maintaining the numerous facilities necessary to house and service over 9,500 inmates. DFM tracks the time from filing to completion for work orders and demonstrates that the average completion time for all repairs at CCDOC average 0.9 days for priority one work orders. That said, DFM has been inundated with a marked increase in work orders as the direct result of increased and significantly more thorough inspections by CCDOC compliance team, Sanitarians, and tier officers and supervisors. Through February 11, 2013 there were 2,299 outstanding work orders within the CCDOC Divisions and the Central Kitchen. Of those 31% are electrical issues and 32% are plumbing. In six and

one half months, DFM has closed 25,766 work orders within the CCDOC complex of the 28,965 that have been entered into the system in nine and one half months. Many of the electrical worker orders are being addressed through the retrofitting and relighting project discussed later in this report. CCDOC and Cermak Environmental Services continue to monitor outstanding work orders through the “Facility Wizard” system. It is anticipated that the number of work orders will taper off once the surge due to improved response time ends. Further, DFM has purchased handheld interactive voice response devices to further improve response time.

**Monitor’s Recommendations:**

1. Continue to monitor “Facility Wizard” reports to assure that effective and timely work order processing and resolution is maintained.
2. None further at this time.

**83. Sanitation and Maintenance of Facilities**

**b.** CCDOC shall revise and implement written housekeeping and sanitation plans to ensure the proper routine cleaning of housing, shower, and medical areas, in accordance with generally accepted correctional standards. Such policies should include oversight and supervision, including meaningful inspection processes and documentation, as well as establish routine cleaning requirements for toilets, showers, and housing units.

**JULY, 2012 COMPLIANCE STATUS: PARTIAL COMPLIANCE**

**Status Update:**

The CCDOC General Order 24.11.1.0, Divisional Sanitation Plan became effective in February 29, 2012. This order is in conjunction with General Order 24.9.9.0, Safety and Sanitation of Living Units which became effective December 6, 2011. There is also a draft Divisional Sanitation Plan, 24.11.1.0 that is nearing final form that outlines the procedures for each division sanitation schedule, documented logs, inspection reports, deficiency plan of action and requisition forms for supplies. It is key that the divisional plans be consistent with General Order 24.11.0. There is apparently no written sanitation plan for Cermak as of this tour. This is based on the lack of effective sanitation identified during the tour and discussed further in monitor’s assessment.

A sanitation video has been developed and is shown on televisions in each housing unit throughout the day. The division designated sanitation officers have been trained by the CCDOC Sanitarians on effective cleaning and disinfecting procedures. The chemical supply company, Aztec, provides the safety and effectiveness of cleaning and disinfecting chemicals training to staff and inmates. In the General Orders, Watch Commanders are responsible for reviewing the completed Daily Inspection Forms from each of the housing units and filing a summary report weekly. The Support Services Superintendent and

Sanitarians receive and review the weekly summary reports from each of the divisions. The divisional sanitation plans mandate that sanitation officers observe the cleaning and disinfection of cells, toilet and shower facilities. Since the divisional sanitation plans became effective, the Sanitarians continue to conduct unannounced inspections of housing units within all divisions.

CCDOC created and continues to use a designated "Compliance Team" to develop and oversee the implementation of the Divisional Sanitation General Order. There is one representative from each division appointed by the divisional Superintendent. They identified two reasons why cleanliness, lack of sanitation, and allowing inmates to maintain flammable materials, excess food, and starting fires (cooking) is allowed to occur. First is of lack of consistency and enforcement by Superintendents, Commanders, Lieutenants, and Sergeants. Second is the lack of consistent supervision of inmates, allowing the inmates to decide how frequently and what constituted a clean and sanitary cell. As a result of their efforts, CCDOC has implemented an incentive by permitting microwave ovens to those housing units where the rules are being followed. In other words CCDOC will transform the existing culture with a very different approach by creating an environment in the housing units to require accountability from both inmates and officers to improve the sanitation and maintenance of the housing areas as well as classrooms, maintenance closets, tunnels, and general areas. While early in its implementation, the improvement in those divisions where microwaves have been provided is positive.

#### **Monitor's Assessment:**

Touring Divisions I, II, III, IV, V, and XI I observed a significant change in the cleanliness and sanitation. Division IV, X and XI were outstanding. However, in Cermak, I found a considerable lack of sanitation in the rooms used to house medical patients both in individual cells and in rooms housing multiple inmates. Many floors, walls, toilets, showers, and sinks had a significant accumulation of dust, dirt, soap residue, and debris. The lack of cleanliness was also noted during the December, 2012 tour, and apparently not addressed effectively. The lack of consistent sanitation is due, I believe to the lack of a written policy for sanitation or infection control, and lack of oversight by management and employees working there. If employees do not know or understand the expectation or their responsibility to meet it, and no accountability, there is little chance of a consistent outcome. As a medical facility, one should expect a high level of cleanliness and effective disinfection to prevent complicating medical issues such as Staphylococcus or MRSA to inmate patients already compromised by medical issues such as open wounds. Further inmates are apparently permitted to maintain excessive amounts of personal items such as commissary, books, correspondence etc. in their rooms and not required to keep them contained within their personal property boxes that are provided. As a result, it is virtually impossible to effectively clean the rooms and maintain them clean. Medical inmates complained that they clean their own rooms. I observed uncontrolled chemicals being stored in one multiple inmate room. Rooms housing medical inmates need to be cleaned and disinfected daily and individual patient cells need not only daily cleaning and disinfecting, but a thorough cleaning and disinfection between uses. During the tour I spoke with the Interim Director of Cermak to express the concerns. The Environmental Services Manager has created a working group to identify issues and develop an approach for improvement. I

expect that prior to the next tour to receive and review a draft of a sanitation or infection control policy and that it be approved, and implemented. This needs to be the highest priority for Cermak.

During my tour of Cermak, I also identified that many inmate mattresses were cracked, torn, and generally not clean, again indicating a lack of formal cleaning and disinfecting program. Some inmates were allowed to sleep in plastic “boats” where there is a lack of bed space. Many of the “boats” located in the storeroom had an accumulation of dried liquids, dust and dirt on them indicating a lack of an effective cleaning program between inmates. Some of the beds that inmates were using in multiple patient rooms had an accumulation of food debris along the gap between the mattress and the bed frame. In the acute psychological ward and in the medical ward, many of the ceiling ventilation vents had a significant accumulation of dust and were in need of cleaning; again indicating a lack of policy and schedule for routine cleaning.

In the CCDOC divisions, I continue to see significantly improved cleanliness. The cleanliness of common areas including administrative offices, tunnels, hallways, staircases, elevators, classrooms continue to improve, I believe as a direct result of inspections and oversight by Support Services and management. I observed officers and employees picking up debris when seen rather than just leave it. There appears to be more effective supervision of inmate workers cleaning and maintaining these areas. The work by inmates and their supervision in thoroughly cleaning the kitchens was most notable.

All exceptions noted, the changes in enforcing inmate rules, direct supervision, and a renewed sense of pride among officers, supervisors, and superintendents continues to be noticeable. I am most interested in the results where direct supervision of inmates is expanded. It is in the officer’s best health interest to administer and enforce the General Orders as they pertain to their area(s) of responsibility.

While it is the responsibility of the officers to conduct shift specific inspections of all cells, they need to reinforce that they are in charge of the inmates rather than allow the inmates to determine how they will maintain their living space. Superintendents, Watch Commanders, Lieutenants, and Sergeants must take responsibility for assuring sanitary conditions in the housing units. This will make the inspections by sanitation officers more effective.

#### **Monitor’s Recommendations:**

1. Revise the General Order 24.11.1.0, Divisional Sanitation Plan and/or each division’s sanitation plans to assure they are consistent.
2. Either CCDOC or Cermak needs to develop and implement an effective written sanitation plan with measurable objectives. The plan needs to identify who is responsible for cleaning and maintaining patient rooms, common areas, storerooms, and closets. It should have a formal schedule for each room, common area etc. and a method of inspection and oversight to assure accountability and effectiveness. The policy needs to include all medical clinics located in the divisions. Once the plan is developed, Cermak must provide documented and effective training to all responsible.



3. Cermak management may want to consider turning the responsibility of sanitation to CCDOC and allow Cermak to focus on medical care rather than environmental issues for the medical areas and all clinics.
4. Cermak needs to develop a cleaning policy and schedule for routine effective cleaning of vents, lighting fixtures, floors, walls, etc. to assure effective sanitation.
5. Cermak environmental services need to make available cleaning supplies that when used according to instructions effectively clean surfaces such as stainless steel.
6. Assure inmates are permitted to clean their cells daily including toilet, lavatory, floors, etc. at least daily. In Cermak decide who is responsible for cleaning multiple inmate housing units. In some cases, because of medical conditions of inmates, it is necessary for environmental services to effectively and regularly clean rooms.
7. Maintain effective and timely inspections of sanitation and safety as required under the General Order.
8. Where appropriate expand direct supervision of inmates to assist in assurance that cells and dayrooms are maintained clean and sanitary.
9. Develop and implement a process to effectively clean and sanitize the plastic drinking cups provided to medical inmates housed in Division II dorms or eliminate the use of them and provide single service cups.

### **83. Sanitation and Maintenance of Facilities**

**c.** DFM shall implement a preventive maintenance plan to respond to routine and emergency maintenance needs, including ensuring that shower, toilet, and sink units are adequately maintained and installed.

### **February, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

#### **Status Update:**

As , highlighted in previous reports, DFM uses a work order tracking system ("Facility Wizard") to manage and prioritize all maintenance requests from anywhere in the complex. It also is used to schedule and assure completion of preventative maintenance needs of all mechanical and fire safety systems within CCDOC, as well as at all other Cook County facilities. Both CCDOC and Cermak use the same system through an interface to enter work orders and monitor pending and closed work orders. DFM has designated staff to prioritize work orders as received and send them to trades' foremen for assignment. DFM is also implementing an interactive voice response system through digital handheld

devices to management program to monitor trade workers progress and efficiency in responding to and completing work orders.

Facilities Management operates a 24 hour emergency hot line seven days a week to receive and respond to any facility emergency reported by CCDOC or Cermak.

**Monitor's Assessment:**

DFM continues to meet the requirements of this provision. DFM management continues to investigate different reporting ideas to improve tracking and benchmarking types of work orders and from which division. This data will be beneficial to more effectively budget staff time and positions. The full implementation of the Interactive Voice Response System is an example that will provide an excellent management tool to improve efficiency and effectiveness of processing and closing work orders.

CCDOC has designated specific employees within each division who are trained to create a work order based on information from tier officers. It is my view that DFM promptly responds to work orders following their priority schedule. For all categories of trades, DFM management reports show that they close an average of 450 work orders each week and over 1950 per month.

**Monitor's Recommendations:**

1. None at this time. Continue to demonstrate sustainability with the provision.

**83. Sanitation and Maintenance of Facilities**

d. CCDOC shall notify DFM, in a timely manner, of routine and emergency maintenance needs, including plumbing, lighting, and ventilation problems.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:** As discussed in this and previous reports the "Facility Wizard" work order tracking system has been operational for both CCDOC and Cermak since April, 2012. The required housing unit inspections specified in the sanitation General Order 24.11.1.0 became effective in March, 2012. Further General Order 24.9.9.0 established an inspection protocol for sanitation and living unit officer to identify and correct non-conformances. As a result, the Registered Sanitarians have been receiving and monitoring weekly summary reports from each Division. The Watch Commanders in each division are responsible for reviewing the daily inspection reports from the tier officers. Sanitarians are also conducting unannounced inspections of each division as an independent check.

The Sanitarians have also created a Power Point presentation for training tier officers about how to identify plumbing issues. It is used to teach correction officers what key plumbing issues to look for during their routine rounds. It is used at the annual in-service training program taught weekly at the Sheriff's Training Academy. As a result of the number of topics that need to be addressed, the

PowerPoint presentation will not be shown this year, but will be shown in 2014. The Sanitarians have also explained the work order entry process to the food service contractor. It will also be shared with the new food service contractor CBM. They will notify the Sanitarian who will enter the work order. The CCDOC Sanitarian in conjunction with the DFM Liaison Officer was recently empowered to generate the electronic DFM work order requests. With the number of buildings on the campus, it may be necessary to permit other officers the same responsibility. Further, a “work order unit” was created in late May to streamline and expedite the work order process.

The 2011 initiative by DFM to clean and maintain vents throughout CCDOC has also had a positive impact. Based on direct observation, there are significantly less blocked ventilation vents in the housing units as housing and tier officers are not permitting inmates to block the vents.

Emergency repairs and the awareness and use of the 24 hour hotline is assuring that emergency maintenance repairs are forwarded to DFM as reasonably fast as necessary.

**Monitor’s Assessment:**

During my February, 2013 tour of housing units in Divisions I, III, IX, X, XI, and Cermak I noted that when there were plumbing or electrical issues or non-functioning equipment, work orders had already been entered into the system. Officers quickly provided me copies of work orders demonstrating that the previous reluctance to file work orders is over. Officers seem to understand their responsibility to notify the designated employees who in turn submit the work order as necessary. The training initiative by the Sanitarians that was provided at the annual officer in-service training, along with the enhanced inspection and accountability is working well. The recently implemented “Compliance Team” approach in each division is also having a positive impact not only in sanitation, but in placing timely work orders for required maintenance.

In assessing the food service kitchens, leaking plumbing fixtures are improved compared with past inspections.

As a result of the changes discussed, this provision is now in substantial compliance with the Consent Agreement.

**Monitor’s Recommendations:**

1. Continue the training program for all housing officers explaining the functionality of all plumbing fixtures at least every other year. Require accountability of the housing unit officers on all shifts to report issues as they are identified. Expand the training for Cermak employees to assure they understand their responsibility to contact Environmental Services immediately when they identify any needed maintenance repairs.

### **83. Sanitation and Maintenance of Facilities**

e. DFM shall ensure adequate ventilation throughout the Facility to ensure that inmates receive an adequate supply of air flow and reasonable levels of heating and cooling. DFM staff shall review and assess compliance with this requirement on a daily basis for automated systems and on an annual basis for non-automated systems.

#### **FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

##### **Status Update**

This remains unchanged since my previous report. DFM has fully implemented their Policy for Monitoring Temperature Ranges at CCDOC for all divisions. They are utilizing a designated monitoring form and protocol as specified in the Policy. Monitoring is done once on each shift, seven days per week. To complete one Division takes approximately one hour. They continue to meet the provision of the Consent Agreement. Ventilation inspections and cleaning continues whenever a work order from CCDOC or Cermak is entered.

##### **Monitor's Assessment:**

DFM continues to conduct their "Rounds Monitoring" for all divisions. The monitoring is documented effectively. It includes measuring temperatures of the exhaust and return air fans and temperatures at pre-selected points closest to the exhaust fan and the point farthest from the exhaust fan in the housing units. It also measures the temperature of the hot water heater, checks whether the hot water circulating pump is functioning along with the sewer pumps, storm pumps, and condensate pumps. Function of the generator is verified, including the oil and fuel level. Measurements of PSI for the high, medium, and low pressure systems, city water pumps, and the chilled water pumps for the fire system, are taken. I reviewed some months of the daily logs for various divisions. Where non-conformances were identified, I verified that work orders had been filed and that work was completed and the work order closed in typically one day. The monitoring forms are typically completed by an engineer and reviewed by a supervising chief or assistant chief engineer. The program is functioning as intended.

The ventilation cleaning program for all divisions started in August, 2010 is completed and they now respond to ventilation issues as identified through work orders. Visits to housing units during this tour showed very few blocked vents. Division XI continues to be an example of the benefit of the incentive program discussed earlier. Division XI success reflects my comment from the previous report that as soon as officers are diligent about mandating vents to remain clean and unobstructed, the ventilation throughout all divisions will continue to improve.

##### **Monitor's Recommendations:**

1. Continue the daily rounds inspections on all shifts.
2. Monitor the number of work orders for obstructed vents to see if another round is necessary.

### **83. Sanitation and Maintenance of Facilities**

f. CCDOC shall notify DFM of any visible obstructions to the ventilation system.

#### **FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

##### **Status Update:**

As discussed above, Facilities Management staff completed two rounds of the ventilation cleaning. Once started, sanitation inspections and officer diligence to keep all vents unobstructed will reduce the number of blocked vents and improve ventilation throughout each Division. The Sanitation General Order clearly establishes tier officer accountability but it must be reinforced by supervisory staff and sanitation officers throughout all divisions. The living unit daily inspection form has a designated column (27) for identifying and recording non-conformance. A PowerPoint presentation has been developed by Facilities Management to demonstrate to correction officers how the ventilation systems function and stress the importance of maintaining unobstructed vents.

##### **Monitor's Assessment:**

Based on my unannounced visits to housing units I found far fewer blocked vents than during previous tour. I recognize that division superintendents were told that I may tour their divisions so they were most likely prepared. The Master Sanitation Plan requires officers to identify and notify Facilities Management should vents become blocked. As with sanitation, it will be important that division housing unit managers understand the importance of maintaining the vents to keep them open and functioning.

##### **Monitor's Recommendations:**

1. No further recommendations at this time.

### **83. Sanitation and Maintenance of Facilities**

g. Cook County shall ensure adequate lighting in all inmate housing and work areas.

#### **FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

##### **Status Update:**

This provision is the responsibility of Facilities Management. In July, 2012 the Cook County Board of Commissioners approved a contract with Noresco of Des Plaines, IL to replace lighting within the housing units at Department of Corrections with ones that are more energy efficient and secure either through retrofitting and existing fixture or replacing the entire fixture to a secure fixture. It is an energy conservation measure (ECM). This is a \$34,228,000 initiative for both CCDOC and the Criminal Courts Campus. The CCDOC project is split into two phases: For the CCDOC campus, Divisions II, III, IV, IX, X

and XI will be completed in 2013 and Divisions I and V will be completed in 2014. The contract for both phases has been approved and authorized. It will take two years to complete. The new lights will provide not only more light intensity, but also be more secure than the current fixtures and incandescent bulbs.

**Monitor's Assessment:**

As of this tour the retrofit and replacements are completed in Division II. It is anticipated that Division VI will be finished by March 14, 2013 and Division XI will be completed in August, 2013.

Division IX project is currently on hold pending a resolution of a sizing issue. Six sample fixtures are being installed as a test to assure they will meet the size and lighting requirements necessary. Once approved, the replacement program will be completed. Division IV and X is currently scheduled for a start in March, 2013. It will take approximately four months to complete. It is clear from the before and after pictures and visual observation that those areas completed are much brighter and the fixtures less likely for inmate destruction than the previous fixtures.

**Monitor's Recommendation:**

1. Continue with the scheduled implementation plan.

**83. Sanitation and Maintenance of Facilities**

**h.** CCDOC shall ensure adequate pest control throughout the housing units, medical units, RCDC, RTU, and food storage areas. CCDOC shall maintain a contract for professional exterminator services for each division, food services areas, and the Cermak hospital. Services should provide for routine pest control spraying and additional spraying as needed.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Since late 2010 CCDOC maintains a contract with Anderson Pest Solutions for all buildings. Cermak and the food service contractor CBM maintain a separate contract with different pest control contractors. The contractors for CBM and CCDOC provide summary reports to CCDOC. It appears as though Cermak does not share its pest control reports. In 2012, throughout the complex, 125 rodents were trapped which represents a 74% decrease from the 485 trapped in 2011. Further, Division XI, the newest Division had 143 rodents trapped in 2011, but only trapped 38 in 2012 and of those 38, 22 were trapped on the exterior of the building demonstrating that within the Division, that the sanitation is significantly improved and externally the building penetrations that existed previously have been repaired. This is a marked improvement from past reports.

Anderson Pest Control completed the compound wide drain cleaning and treatment project in February, 2013. This will need to be continued “as needed” when officers and/or inmates observe drain fly presence.

CCDOC continues to operate a “pest control hotline” for officers to report pest activity. Pest control is also reinforced at the training academy for all correction officers.

**Monitor’s Assessment:**

I reviewed the weekly reports from Anderson Pest Control for all Divisions for the year 2011 and 2012 for the entire complex. There has been a significant reduction in rodent activity for the second year since Anderson received the contract. Further, DFM and CCDOC have worked cooperatively to identify and repair building penetrations at all buildings that the rodents were using to gain access. CCDOC has also improved the cleanliness of the garbage and refuse compactor areas so as not to serve as a harborage and food source. I set an arbitrary goal of no more than one rodent occurrence each month. For 2012, four of the divisions met that goal. In reviewing only the last six months of 2012, only Divisions E, and XI did not meet that target. CBM will also now be providing tracking information from both the Central Kitchen and the Division XI kitchen. I will review those reports prior to the next tour. During the tours of various divisions, upon asking numerous inmates I heard not one complaint regarding insects or rodents. This represents a significant improvement from previous tours.

Regarding the past issue of drain flies, the floor drain program conducted in the past year I saw no evidence of drain flies anywhere that I visited. It appears as though the pest issues of the past are now being effectively controlled. Further I saw considerably less refuse and excess food from meals and commissary being stored within cells. Correction officers need to continue to be vigilant in maintaining cells and common areas clean and free of food and breeding areas for insects and rodents. Key to a successful pest control program is that inmates maintain food purchased from commissary within their person property boxes. Officers must remove all trays and excess food at the end of meal service.

**Monitor’s Recommendations:**

1. Please provide me quarterly for 2013. I will review them prior to my next visit.
2. Maintain the reinforcement during routine inspections..
3. Complete the location map of all external bait stations and a site specific description identifying the location of all internal bait stations. (This recommendation is being addressed by the new contract.

### **83. Sanitation and Maintenance of Facilities**

- i. CCDOC shall ensure that all inmates have access to needed hygiene supplies.

#### **FEBRUARY, 2013 COMPLIANCE STATUS: PARTIAL COMPLIANCE**

##### **Status Update:**

CCDOC has developed a draft General Order No. 24.11.4.0 (Grooming and Hygiene for Inmates) that is expected to be finalized in April, 2013. All inmates are provided with soap, toothpaste and a toothbrush upon admission to CCDOC. Additionally female inmates are provided with feminine hygiene products as necessary. Further the draft General Order states, "Standard personal hygiene supplies (soap, toothbrush, and toothpaste are to be replaced through the commissary at the inmate's expense and that indigent inmates shall be continuously furnished personal hygiene items at the Department's expense." However, it does not address how soon after an inmate claims indigent status, the soap, toothbrush and toothpaste are provided. To qualify for Welfare Fund Care Package and/or a pair of shower shoes, "A detainee must complete and submit to the social worker, a Cook County Department of Corrections Detainee request form, once each month providing the detainees Trust Fund account balance does not exceed \$25.00. The Inmate Welfare Care Package consists of thick bar of soap, shampoo, conditioner, deodorant, toothpaste, toothbrush, and lotion. Shower shoes are available in whole sizes 6-16. While the policy addresses inmate razors usage, it does not currently address the frequency that they are available for shaving. It needs to be revised accordingly.

##### **Monitor's Assessment:**

There is no change from the previous report. I have reviewed the inmate handbook that explains in part the process for claiming indigent designation is going through management review and provided numerous suggestions for changes. The challenge at this point facing CCDOC is that there are so many General Orders under review and changes occurring as a result of the consent agreement that not everything can be done at once. As a result, they have created priorities.

They have also completed an inmate handbook video explaining inmate rules, requirements, and services. However, the "second cut" copy that came out in August does not contain any information regarding the initial distribution and replenishment of hygiene supplies for either male or female inmates. It will need a revision so that it is consistent with yet to be released inmate handbook and among other changes include information on access to replacement hygiene supplies and the availability of commissary for supplemental products. The video should be shown to all inmates upon admission and at least once daily during the day and evening shifts. As several inmates explained during Division tours, the video is only shown when an inmate changes to the applicable channel. Officers should document in their shift logs the times that the video is played.



**Monitor's Recommendations:**

1. Provide evidence that all inmates are shown the video upon admission and at least once during the day and evening shifts through documentation in the officer's log.
2. Assure that each division maintains an adequate supply of replacement hygiene articles within housing units for use between weekly distribution and for newly admitted inmates. Assure female inmates have adequate access to feminine hygiene products within the housing units "as needed" in accordance with General Order 24.11.4.0.
3. Revise the General Order reference above to include the frequency of inmate availability of razors.

**83. Sanitation and Maintenance of Facilities**

j. CCDOC shall develop and implement policies and procedures for cleaning, handling, storing, and disposing of biohazardous materials, in accordance with generally accepted correction standards. CCDOC shall ensure that any inmate or staff utilized to clean a biohazardous area are properly trained in universal precautions, are outfitted with protective materials, and receive proper supervision when cleaning a biohazardous area.

**FEBRUARY, 2013 COMPLIANCE STATUS: PARTIAL COMPLIANCE****Status Update:**

Biohazardous waste from Cermak's medical and/or dental clinics in specific divisions is securely stored and placed in red bags for daily pick up by designated Cermak staff. Cermak maintains a contract for collection and final disposal of the waste. Each division now maintains a supply of biohazardous spill kits within the security office and the sanitation rooms. They are replaced as needed through Support Services. A new blood-borne Pathogen Decontamination General Order was issued in January, 2013. Bruce Schorer, Support Services Sanitarian has created a Power Point training presentation on biohazardous waste handling and cleanup that is now shown to all sanitation officers. There is a written syllabus for blood-borne Pathogen clean-up training. Cermak teaches blood-borne pathogen training at the Academy and during in-service

**Monitor's Assessment:**

Biohazardous waste from the medical/dental clinics and Cermak is handled appropriately. CCDOC policy does not allow inmates to clean bio-hazardous spills. The new Power Point training tool for sanitation officers is very well done. Training for sanitation officers from each division for effective clean up of biohazardous spills has been completed and is conducted as needed for new sanitation officers. I have reviewed the course syllabus for biohazardous waste and blood-borne pathogen training program for officers and find that it is acceptable. All divisions maintain spill kits in their chemical supply rooms and are replaced by support services as needed.

**Monitor's Recommendations:**

1. None further at this time.

**83. Sanitation and Maintenance of Facilities**

- k. DFM shall develop a policy on hazardous materials, in accordance with generally accepted correctional standards, and insure that all DFM staff is properly trained on the procedure.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE****Status Update:**

DFM has policy number 2010 that was revised effective May 15, 2012. It establishes the storage procedure for handling and storage of all hazardous materials. The policy requires OSHA Hazard Communication Standard 29 CFR 1910.1200 for all new hires and annually thereafter for all DFM personnel and that a current record be maintained for all employees required to work with hazardous materials. It requires a list be developed of all chemicals used and stored and that the inventory and material safety data sheets be provided to designated management employees for distribution to the CCDOC Safety Administrator. Further it requires reports to the CCDOC Safety Administrator of any damage or spill. The policy also mandates the supervisor or designee of each trade to complete quarterly inspections of all shops and rooms used for storage of hazardous materials to verify accuracy of inventory sheets, labeling, and proper storage of all chemicals, along with appropriate corrective action for non-conformances and handling procedures including marking, controlling, labeling, mixing, and safety precautions. DFM management conducts random "mock surveys" of all shops and mechanical rooms as of November 11, 2012. One of the elements of the audit includes monitoring the effective storage, inventory and maintenance of chemicals.

Regarding training, I received and reviewed the OSHA Hazard Communication Standard PowerPoint training used for employee training. Two documents, Understanding Policies and Procedures for tool, chemical and key control and Fire and Life Safety Duties for Engineering are both required to be displayed in the shops and a copy maintained on maintenance carts at all times.

**Monitor's Assessment:**

During this tour I only visited a couple of maintenance shops to verify the new storage practices and found them to be well organized, clean and maintained. DFM has completed division specific maps identifying the location of all flammable cabinets and a list of chemicals stored in each shop and/or mechanical rooms. They are provided to the Safety Administrator and also

securely maintained in the respective divisional superintendent's or designee's office. DFM has initiated a series of random "mock surveys" of all shops and mechanical rooms throughout the complex. In future visits, I will review the survey forms to confirm whether the suggestions made in the December report were made.

Flammable cabinets are now located in all shops/rooms where flammable materials are stored and that they are being appropriately used. The Division Safety Officer/Superintendent's office also maintains a current copy of all Material Safety Data Sheets for any hazardous chemicals stored within that Division in addition to the one prominently stored at the entrance to all shops/rooms. At least quarterly an inventory balance matching the chemicals stored with the chemical list should be completed for all shops where chemicals are stored. The Safety Administrator should assure that the division safety officers know the location of all DFM hazardous and flammable chemicals in case of an emergency. DFM is also investigating if the MSDS format that they use is compatible with the Chicago Fire Department and the Hazardous Materials Team. If it is, that would allow them access to the MSDSs prior to arrival on site in case of an accident or spill.

DFM as discussed earlier in the report is providing a secured set of DFM keys for each shop located in the applicable division for use in case of emergency.

This provision continues to be in substantial compliance with the consent agreement.

**Monitor's Recommendations:**

1. None at this time.

**83. Sanitation and Maintenance of Facilities**

I. CCDOC shall provide and ensure the use of cleaning chemicals that sufficiently destroy the pathogens and organisms in biohazard spills.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

CCDOC mixes and dilutes concentrated chemicals from the central supply located in Division V and distributes them daily to the divisions as requested. By centrally controlling the dilution and following the chemical manufacturer's directions, the divisions always receive properly diluted cleaning and disinfecting chemicals needed for routine cleaning and sanitizing of floors, toilets, lavatories, showers, etc. and effective cleaning and sanitizing surfaces from biohazard spills. The two chemicals used for all cleaning and disinfection are Marauder and Terminator. Marauder is an effective cleaning agent and

Terminator is an effective disinfectant. The training for inmates and CCDOC employees on the safe use of cleaning chemicals and effective sanitation that was conducted by Aztec Supply Company, the supplier of all cleaning chemicals is currently being taught by the Sanitarians. Training is provided to those assigned the responsibility of cleaning cells, showers, toilet facilities, dayrooms, RCDC, classrooms, tunnels, and all administrative areas. These are two hour classes daily, over a period of one week. Each person that takes the class and passes a written test is presented with a certificate of completion.

Sanitation officers spray cleaner and disinfection chemicals in the inmate's cells once per week. Inmates have access to chemicals to clean and disinfect at other times if requested through the divisional sanitation officers or the tier sanitation worker. CCDOC maintains a supply of biohazardous spill kits. Sanitation officer have been trained on the contents and how to use them in case of a spill. Spill kits are replaced as needed. Inmates are not permitted to clean up bio-hazardous spills per policy.

**Monitor's Assessment:**

There is no change from the previous report. The process to centrally mix chemicals and only distribute diluted chemicals works well to eliminate misuse. It assures that both sanitation officers in the divisions and inmate are not exposed to concentrated chemicals that, if misused, could result in injuries to both inmates and/or officers. The training provided by the chemical supplier assures sanitation officers understand how to effectively clean biohazardous spills as well as routine cleaning and disinfection. The Sanitarians have witnessed biohazard clean ups and found that the response and use of the spill kit is effective.

**Monitor's Recommendations:**

1. None at this time.

**83. Sanitation and Maintenance of Facilities**

**m.** CCDOC shall inspect and replace as often as needed all frayed and cracked mattresses. CCDOC shall destroy any mattress that cannot be sanitized sufficiently to kill any possible bacteria. CCDOC shall ensure that mattresses are properly sanitized between uses.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

Mattresses are replaced as needed throughout the divisions when they become no longer cleanable or beyond repair. CCDOC has replaced virtually all mattresses throughout the complex. Each division maintains a small surplus of mattresses and more are available from Central Supply. The new mattresses include a built in pillow. As a result, inmates are longer provided with separate pillows and pillowcases unless specified by a medical order from Cermak. A designated area and process is place within each division to clean, disinfect, inspect, and repair or replace mattresses as appropriate between inmates.

The mattresses are taken from the cell to the clothing and linen storage room of each division for cleaning and disinfection when the inmate leaves using Marauder and Terminator (chemical described in 83.I above). The mattress is then air-dried and returned to the cell.

**Monitor's Assessment:**

The changeover to the new mattresses is complete with the exception of Cermak. Several of the mattresses there were in need of replacement. Other than that area, I found no mattresses in need of replacement during tours of the division. Upon questioning inmates in all divisions, I did not receive any complaints except from Cermak. Officers assigned to the clothing and linen store rooms correctly are able to describe the procedure for effective cleaning, disinfecting the mattresses between uses. Each storeroom has designated areas for clean, dirty, mattresses and one designated area for staging mattresses to be returned to central supply for repair or discard.

**Monitor's Recommendations:**

1. Inspect the mattresses being used in Cermak and replace those found to be no longer cleanable or beyond effective repair.

**83. Sanitation and Maintenance of Facilities**

n. CCDOC shall ensure adequate control and observation of all housing units, including distribution and collection of razors and cleaning supplies. All cleaning tools and hazardous chemical shall be removed from housing areas after use.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

A CCDOC special order establishes the requirements for razor exchange. This special order was established in December, 2009 as a pilot program. It is in the process of being revised into General Order 24.11.4.0 that is currently under review. Razors used throughout CCDOC are color coded by division. Razor inventory for use within the divisions are obtained from the Superintendent of Administration located in the General Order Office on weekdays during the day shift. Divisions are issued two biohazard containers with disposable plastic liners; one used to transport unused razors and one for transporting used razors. The date and amount of razors are tracked on a "razor distribution and retrieval log" signed by the officer accepting the razors. The divisions are also issued puncture resistant gloves for officers handling the razors. Used razors are placed in a red biohazard container designated for used razors and transported the following weekday to the General Order office for effective disposal. Unused razors are placed in the biohazard container designated for unused razors and transported to the General Order office for redistribution as necessary. No razors are stored in the

housing units. All razors, used and unused, are audited daily to assure complete retrieval. If there is a discrepancy, an incident report is generated. If there are no discrepancies, the specific division is issued additional razors as necessary. There is not a provision that identifies the frequency that inmates are permitted to shave.

There are only two cleaning solutions used at CCDOC: Marauder and Terminator as discussed earlier. Both are cleaning solutions, but Terminator is also a heavy duty disinfectant. Cleaning supplies are now controlled by policy where all cleaning chemicals are mixed at a central location within the sanitation office of Division V. The diluted chemicals are then delivered to the divisions daily as needed. They are stored in designated cleaning supply rooms within each division. The sanitation officer is responsible to order chemicals as needed to replace exhausted supplies. Once cleaning of housing units and dayrooms is completed, all chemicals are returned to the divisional chemical storerooms along with mops and buckets. Mop heads are sent to the central laundry for cleaning daily.

**Monitor's Assessment:**

The razor exchange program appears to be very effective at controlling safe storage and use of razors within the housing units. It presents one less opportunity for inmates to create shanks. In reviewing incident reports since the last tour I found no incidents of razors being identified as a source of a shank and only one case of a missing razor, which could have been a miscount. Tier officers are trained and are thorough in tracking razor use in the divisions. The draft General Order 24.11.4.0 does not specify the frequency that razors shall be provided to male inmates. This order needs to be completed and issued.

No undiluted chemicals are available for storage or use in any housing unit of any division. I saw no chemicals or cleaning tools being stored in any housing unit that I visited. Mop heads are collected after use and sent to the laundry daily for cleaning and drying. As a result wet, dirty mops are no longer stored in housing units or in the divisional supply rooms.

**Monitor's Recommendations:**

1. Establish a frequency of razor use for inmates and include it in the new inmate handbook currently under final review. Also include the razor policy in the inmate video.

### **83. Sanitation and Maintenance of Facilities**

- o. CCDOC shall ensure that Facility Sanitarians receive training from a relevant state, national, or professional association with emphasis on assessment of environmental health practices and emerging environmental issues in correctional settings. Facility Sanitarians should also have training on and access to testing equipment to ensure sanitary conditions.

#### **FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

##### **Status Update:**

There is no substantive change from the previous report. CCDOC maintains two full time Registered Sanitarians, Bruce Schroer and Phillip Gnacinski. Both Sanitarians continue to be actively involved in all areas of the consent agreement for environmental and fire and life safety. Both have been provided with measuring and testing equipment as well as initial and ongoing training in correctional issues. One attended and participated in the 2012 National Environmental Health Association annual conference and will attend again in 2013. Both Sanitarians are providing sound advice and counsel in a number of areas of the consent agreement including fire safety, sanitation, biohazardous spills, food service, laundry, pest control, and officer training. They meet regularly with CBM to discuss issues of food safety and conduct regular inspections of both kitchens. They have also begun being a regular team member for the transition of the new intake and release center. Their experience will be a valuable addition as CCDOC prepares to use the new building.

They have had an integral role in the implementation and monitoring of several CCDOC policies relative to sanitation and provide direction to the divisional sanitation officers. They have trained sanitation officers to assure more effective cleaning and sanitation. As I have stated in previous reports, it is a challenge to identify and hire Sanitarians with experience of practicing environmental health in a large institutional environments, especially one with the complexity of issues that CCDOC manages with respect to size, number of buildings, and challenges including sanitation, fire safety, food service, pest control, biohazardous spill response, air handling systems, solid waste, just to name a few. CCDOC has chosen wisely and have benefitted from their expertise.

##### **Monitor's Assessment:**

Both Mr. Schroer and Mr. Gnacinski accompanied me on the food service inspection and meeting with CBM. Their experience will be very helpful to CBM in helping them understand some of the unique issues they face preparing and providing approximately 30,000 meals daily. Both participated in sanitation and housing tours of divisions, meetings with pest control, fire safety, laundry operations and review of chemical control. Both are dedicated and committed to assist in any way to improve the operation of CCDOC from a public health perspective. It is my assessment that both are providing outstanding assistance in helping CCDOC address and resolve issues of the consent agreement in their areas of responsibility.

**Monitor's Recommendations:**

The recommendations remain the same from the last report. Please provide an update as to the acceptance and changes resulting from these recommendations.

1. Utilize their expertise in transitioning to the new facility. They will need to be an integral part of the team to develop and review policies and procedures that officers and staff will be expected to follow.
2. The Sanitarians with oversight should create a CCDOC Sanitarian's Manual that details their responsibilities, authority, and work program so that when replacements are needed, their role in the position is clear. It may be a good time to review the job description to assure that it reflects their actual responsibilities since it is the first time that CCDOC has utilized professionally trained Sanitarians with experience in Institutional Environmental Health. As indicated in recommendation 2, employees within the divisions need to understand and respect the role of the Sanitarian in the institutional environment both for routine operations and emergency events. They should view their expertise as it pertains to public health, their employee health and safety, and inmate requirements to assure a safe and healthy environment during their stay at CCDOC.

**PROVISION: G. SANITATION AND ENVIRONMENTAL CONDITIONS****84. Sanitary Laundry Procedures**

- a. CCDOC shall develop and implement policies and procedures for laundry procedures to protect inmates from risk of exposure to communicable disease, in accordance with generally accepted correctional standards. To limit the spread of communicable disease, CCDOC shall ensure that clothing and linens returned from off-site laundry facility are clean, sanitized, and dry.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE****Status Update:**

There is no change from the previous report. CCDOC operates three in-house laundries. The "Central Laundry" for most clothing and linens is located in Division V. There is a laundry located in Division IV to wash personal clothing for women, and one in Division III that is currently supplementing the Central Laundry and cleans all clothing from Cermak. The laundry located in Division XI has been disconnected and is no longer used. CBM maintains and operates a washer and dryer in the Central Kitchen to clean inmate worker uniforms. The main laundry consists of five 150-lb Unimac washers and five 170-lb Unimac dryers. The Division III laundry consists of three Speed Queen 40 lb washers and two 40 lb dryers. It is anticipated that this laundry will be discontinued once new hot water heaters are installed



in the Central Laundry scheduled for May, 2013. Division IV has one washer and one dryer. Laundry chemicals including bleach, detergent, and sour are automatically dispensed into the machines at all locations through a feed system. The tubs used to hold and transport soiled clothing from the divisions and clean clothing back to the divisions are cleaned and disinfected at each laundry with Clorox wipes before clean laundry is placed in them. The Central Laundry is operated by US military veteran inmates. Veteran inmates are supervised by CCDOC staff. CCDOC has developed a written monitoring system that include a report demonstrating which divisions are following the General Order for frequency of inmate personal clothing washing and a report that documents the dates and time that inmate's personal clothing is collected and returned. It further documents the regular washing and drying of mop heads used throughout CCDOC. The laundry supervisor tracks and reports the amount by weight of laundry received from each division including linens, uniforms, and personal laundry.

**Monitor's Assessment:**

CCDOC operates all laundries with the exception of the kitchen which is operated by CBM. No laundry is contracted out to an independent contractor. Division III laundry is cleaning all of the Cermak's clothing and linens. Division IV continues to do women's personal laundry. Women's outer clothing and linens will be cleaned at the Central Laundry. The Division XI laundry is not being utilized as the dryers are not venting to the outside as required by code. Laundry chemicals used are purchased from Ecolab. They include Ecostar Builder C detergent, Ecostar Destainer (Bleach), and Ecostar Sour (a pH adjusting chemical) to prevent skin irritation and fabric browning. Material Safety Data Sheets (MSDSs) are readily available. The monitoring documents continue to be helpful in identifying which housing units are requiring inmates to use the laundry. The laundry continues to be in full compliance with this provision of the consent agreement. A plan needs to be developed for the laundering of clothing and linens from the new building.

**Monitor's Recommendations:**

1. Develop the plan and procedures for transporting and handling laundry for the new intake and release center and medical division.

#### **84. Sanitary Laundry Procedures**

**b.** CCDOC shall ensure that inmates are provided adequate clean clothing, underclothing and bedding, consistent with generally accepted correctional standards, and that the laundry exchange schedule provides consistent distribution and pickup service to all housing areas

#### **FEBRUARY, 2013 COMPLIANCE STATUS: PARTIAL COMPLIANCE**

##### **Status Update**

Inmates receive clothing exchange two times per week throughout the facility on a predetermined schedule. The schedule is posted on each tier within each division. Linen exchange is once per week. Blankets are washed and dried monthly. However, CCDOC General Order No. 11.3 dated 05/02/07, needs revising to reflect current policy and practice. For example, the new mattresses come with a raised portion to serve as a pillow. So a pillow and pillowcase are no longer provided. Section G needs to be completely rewritten as the schedule has been developed by CCDOC management and not within the division. As a result, the revised order needs to reflect current practice. While the laundry program fully operational, not all divisions have directed inmates to make use of the laundry service.

##### **Monitor's Assessment:**

CCDOC tracks the amount of laundry by weight that is cleaned by Division. They are able to calculate the percentage of uniforms, linen and personal laundry that inmates exchange each week. (See the summary in the monitor's assessment for Provision G-84c. For example in Division I the exchange rate for uniforms is 86%, linens 83% and personal 4.8%. In Division VI, the exchange rate for uniforms is 96%, linens, 93% and personal clothing 79%. CCDOC provided chart calculations for each division. This report should be included in the Support Services weekly summary report to the Sheriff. The poor experience with the Roosevelt University laundry program resulting in lost personal clothing, is blamed for inmates not exchanging personals. During interviews with inmates, they complained about not getting their own laundry back, or missing underwear or socks, etc. CCDOC uses laundry loops for personal laundry. The poor experience that inmates have had is readily passed on from one inmate to the next and as a result, inmates in many areas continue to wash personal laundry using their plastic personal property boxes, sinks, and utility sinks in the housing areas. I suggested that CCDOC investigate why Division VI has such a high rate of exchange and form an exploratory team with representatives of each division to explore ways to improve the rate of exchange. I will monitor this on the next visit. CCDOC has already taken steps to eliminate laundry detergent from the commissary; so inmates only can use bar soap or shampoo to wash clothes. Housing unit officers need to continually reinforce the laundry policy to the inmates and be able to explain the health ramifications to inmates who fail to effectively clean and disinfect personal laundry. Ineffective washing and drying, as practiced by many inmates allows bacterial organisms such as *Staphylococcus aureus* including MRSA (methicillin-resistant *Staphylococcus aureus*) that does not respond well to some antibiotics. In touring parts of Divisions, I continue to see tier officers allowing inmates to maintain ropes in cells. The division superintendents, command officers and tier officers need to stress the unhealthy implications to inmates.

**Monitor's Recommendations:**

1. Revise General Order 11.3 dated 5/2/07 to reflect current policy. The policy should be developed corporately and implemented consistently within all divisions. The Order should also make clear the division superintendent's and housing officer's responsibility and accountability for compliance.
2. Each Division need to fully enforce the inmate rule that there shall be no laundering of inmate clothing, bedding or towels in the housing unit showers, sinks or inmate cell sinks and toilets.
3. Consider developing a creative pilot program where designated inmates from specific cell blocks can view the laundry operation with the expectation that once observed, they would encourage other inmates to send personal laundry to the laundry and discontinue in cell laundering of personal clothing.
4. Implement an effective report that clearly measures and documents the use of the laundry by division as part of the weekly summary report from support services.. While the weekly report from Support Services provided in the CCDOC Summary Report to the Sheriff provides the total weight of laundry processed from CCDOC, Cermak and DWJS, it does not reflect amount by weight from each division by category (linens, uniforms, and personal laundry.
5. Each Division needs to maintain a uniform/linen exchange log book to accurately reflect the inventory of all clothing/linens maintained within their respective division. It should record the actual number and type of returned clothing and linens, along with that newly issued. By maintaining the inventory, correctional staff can assure that inmates to not continue to hold excess clothing and linens within the cells that can and are be converted to ropes, privacy curtains, carpeting, etc. For example, privacy curtains can and are being used to obstruct an officer's vision of cell and showers.

**84. Sanitary Laundry Procedures**

- c. CCDOC shall train staff and educate inmates regarding laundry sanitation policies.

**FEBRUARY, 2013 COMPLIANCE STATUS: PARTIAL COMPLIANCE****Status Update:**

Inmate veterans assigned to the laundry are effectively trained as to their responsibilities by laundry officers.

When speaking with inmates, most understand the laundry schedule. Several indicated correctly that the schedule was posted. However, some tier officers continue to allow inmates to launder their personal clothing and linens in their cells. CCDOC Sanitarians have recently developed what could be used as a weekly log of laundry exchange rates broken down by division. This study needs to be

expanded to provide weekly trending information to management to measure any improvements within divisions. That may be a better tool to use and track use rates than just monitoring the total weight of laundry from each division. The old line “If it isn’t being monitored, it will not improve.” The information needs to be documented, provided to Division Superintendents, and discussed regularly at Division Superintendents meetings with the Executive Director to reinforce management’s expectation that there is to be no laundry washed except through the laundry service. CCDOC needs to develop and regularly show a video for inmate viewing to clarify for all inmates the procedure to be followed for inmate laundry. The new inmate handbook currently in draft form also addresses the departmental rules and policies regarding effective laundry procedures.

#### **Monitor’s Assessment:**

For the first time, laundry usage is being measured. Below is a chart of the use rate by division as completed during the February visit:

DIVISION	UNIFORMS	LINENS	PERSONALS
I	85.9%	82.7%	4.8%
II/III	94.5%	94.2%	33.5%
V	83.1%	86.5%	19.4%
VI	95.9%	93.4%	78.6%
IX	89.5%	81.2%	12.1%
X	90.8%	81.7%	42.8%
XI	88.5%	82.0%	8.5%

I believe this tracking of percentage of use needs to be a regular report provided as discussed above. This is a management tool that used as a trend chart will help to identify where in the complex laundry policies are not being followed or enforced. Management of the divisions needs to take the lead to improve upon this initial assessment. The current practice of permitting inmates to wash personal clothing and linens must be reduced significantly. There must be consistent accountability by the tier officers and supervisors.

#### **Monitor’s Recommendations:**

1. Develop and implement either this or a better monitoring tool that is able to provide trending data over time so that management within the divisions and senior management can monitor

improvement in the use of the laundry especially for personal clothing. Have the reports available for weekly superintendent's meeting and include it as a standard agenda topic.

2. Assure that the inmate handbook and General Order 11.3 is consistent.
3. Implement the laundry procedures and expectations in the developing video for inmate viewing within the housing units. It should include an explanation of the health risks for ineffectively laundering personal clothing in their cells. I suggest that the video show the laundry in operation so that inmates see where their laundry is cleaned and the proper use of the laundry loops.
4. Implement reinforcement for those correction officers and supervisors who continue to allow inmates to wash personals in their cells.

#### **84. Sanitary Laundry Procedures**

d. CCDOC shall ensure that laundry delivery procedures protect inmates from exposure to communicable diseases by preventing clean laundry from coming into contact with dirty laundry or contaminated surfaces.

#### **FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

##### **Status Update:**

Clean inmate laundry is transferred from all laundries in carts that are sanitized between uses with a disinfecting bleach wipe. All carts are thoroughly wiped by laundry workers and allowed to air dry before clean clothing and/or linens are placed into them. There are designated areas within the laundries that separate dirty laundry bins from those that have been cleaned and sanitized between uses. Inmate personal laundry that is cleaned at the central laundry and the women's Division IV laundry are returned to inmates usually within the same shift that it was collected.

##### **Monitor's Assessment:**

On this tour, I toured the laundries including the central laundry in Division V, the women's laundry in Division IV, the overflow laundry in Division III and the laundry in Division XI. I observed laundry workers effectively using the disinfectant wipes on the laundry carts used to transport both clean and soiled clothing and linens. I did visit the clothing and linen supply rooms in Divisions IV and XI. Both were well organized, clean and effectively maintained.

##### **Monitor's Recommendations:**

1. Assure through Sanitarian inspections that all clothing and linen rooms within the divisions are maintained clean and organized. I suggest implementing linen and clothing inventory to assure adequate availability of sizes for clothing.

#### **84. Sanitary Laundry Procedures**

e. CCDOC shall require inmates to provide all clothing and linens for laundering and prohibit inmates from washing and drying laundry outside the formal procedures.

#### **FEBRUARY, 2013 COMPLIANCE STATUS: PARTIAL COMPLIANCE\***

(\* In the Monitor Report #V dated July 20, 2012; this provision was inadvertently recorded “substantial compliance.” The provision should have been recorded “partial compliance.”)

#### **Status Update:**

The General Order and inmate handbook reflect that inmates are no longer permitted to wash their personal laundry and that all clothing and linens are required to be sent to the central laundry and the women’s laundry for washing and drying. However, as discussed earlier in this report the laundry utilization rate for personal clothing is unacceptable. CCDOC laundry staff have developed and implemented a documented audit that tracks the divisions that are and are not utilizing the central laundry for inmate personal laundry. They have also just completed a documented audit process that tracks the number of uniforms and linens that are sent from the housing units and the number returned. Laundry soap is no longer available from the commissary and so the only soap that can be used to clean personals is bar soap.

#### **Monitor’s Assessment:**

The monitoring data provided during this tour clearly shows significant progress in getting inmates to use the laundry for linens and uniforms. Personal laundry continues to be the significant issue not allowing this provision to be in substantial compliance. During tours of housing units, I continue to see the permitted use of ropes created from sheets that are fabricated to be used as clothes lines in many of the housing units. Dormitory and tier officers seem to turn a blind eye and continue to permit inmates to wash personal laundry in their cell sinks, personal property boxes, or dormitory sinks. Uniforms and linens are routinely being sent cleaning through the central laundry and the women’s laundry.

As I noted in all four previous reports, efficient and effective laundry service will, when mandated and enforced with accountability, gain increasing acceptance by inmates. While it may be impossible to get 100% conformance by inmates, continual reinforcement from tier officers is needed. Having inmates witness that their personal laundry is returned to them clean and dry will further continue to increase utilization of the CCDOC laundry facilities.

**Monitor's Recommendations:**

1. Create a process to regularly monitor and track the use of the laundry and as discussed above include a discussion and expectations as regular agenda topic at Divisional Superintendent's meeting. Division Superintendents need to reinforce this issue within their divisions and housing officers need to know that they are responsible and accountable.
2. Complete the inmate video on the established laundry process that explains the process for uniforms, linens, and personal laundry. The video can show that the schedule for inmate laundry pick-up is posted in each housing unit.
3. The inmate handbook, when finalized, needs to include the current rules and expectations that clearly state that washing and drying personal laundry and linens outside of the CCDOC laundry procedures is expressly prohibited and explain the public health reasons for it.
4. The housing unit sanitation inspection forms can and should be used consistently to document compliance by the unit officers and inmates regarding the maximum amount of blankets, sheets, and towels permitted in the cells. This should be enforced during cell inspections.

**85. Food Service**

- a. CCDOC shall ensure that all food service at the Facility is operated in a safe and hygienic manner and that foods are served and maintained at safe temperatures.

**FEBRUARY, 2013 COMPLIANCE STATUS: PARTIAL COMPLIANCE****Status Update:**

CBM Premier Management began providing food service at CCDOC on September 14, 2012. In the first six months, they, along with CCDOC staff have made significant improvements in the preparation and delivery of meals to the inmates. CCDOC continues to provide one hot meal and two cold meals per day, as permitted by the State of Illinois Department of Corrections. One of the most significant changes is that Cook County as of January 7, 2013 provides "heart healthy" diet to the detainees in cooperation with Cermak's medical staff and CBM's nutrition specialists. The new menu streamlined the existing meal types and eliminated others. As a result, CBM, along with Cermak and CCDOC have reduced the number of medical and religious meals from twenty-two to eight medical and two religious diet plans. Other than the regular diet, medical diets now consist of the following: Dental soft; clear liquid; full liquid, food hypersensitivity/allergies; pregnancy, nutrition support, 2400 calorie diet, and renal diet. Medical diets are only provided, if prescribed by Cermak medical staff. The only religious diets provided include Kosher and Vegan. The religious meals may be ordered by CCDOC or social worker. However, when these meals are requested, detainees are also limited in the type of commissary foods they may

purchase. The menu is on a four week cycle that repeats and has been developed and approved by a Registered Dietician employed by CBM.

CBM now has all responsibility for maintenance of equipment and sanitation. They have two maintenance technicians who work on a schedule that allows for weekend coverage as needed. Sanitation is done by inmate workers under the training and supervision of CBM employees and CCDOC security staff. Currently both the Central Kitchen in Division V and the Division XI kitchen continue to be used to prepare detainee meals. The Division XI kitchen only prepares and serves meals for that division. The Central Kitchen serves all other divisions. CBM is in the planning stage to prepare all meals in the central kitchen and utilize the Division XI kitchen for a specialized meal service called "Fresh Express" whereby inmates can actually order foods other than the standard diet and pay for it through their inmate commissary account. CCDOC along with CBM continue to assess and make changes to reduce the delivery time of transporting the food from the Central Kitchen to all divisions. Considerable progress has been made by simply reducing the number of specialty diets which reduces the sorting time once the meals reach the Divisions. The next key step is to significantly reduce the time from receipt to the Division to actual service. CBM has pledged to assist in that effort to improve the quality of the food while assuring its safety.

CCDOC Sanitarians, kitchen security officers and Superintendent Sean Julian meet weekly with CBM to discuss and address issues. A meeting summary is provided following each meeting. It includes a punch list of outstanding issues including a resolution explanation. They have also developed a "DOJ Compliance Critical Task" list of outstanding issues with responsibilities assigned and target dates for completion. Tool control in the kitchen is maintained by CCDOC security staff for large tools and by the contractor for small kitchen utensils. There is current policy and practice to not allow any knives in the kitchen for any purpose. Further the Sanitarians monitor that corrective actions are taken when non-conformities are addressed and to assure that they are effective.

#### **Monitor's Assessment:**

The change to the new contractor, while always stressful to CCDOC, its detainees and CBM has been positively improved food service. As mentioned in the current status section, CBM has made several improvements which benefit detainees as well as CCDOC. For example CCDOC has estimated a cost savings of approximately \$150,000 annually as a direct result of reducing the number of medical and religious meals. Since the new menus began in January, the number of specialty meals has been reduced by 58%. To put that in perspective, the average weekly number of specialty diet meals from January, 2012 to mid October, 2012 was 27,215 compared with 11,286 average meals per week since January, 2013. CBM has developed and implemented documented employee and inmate worker training programs, an internal inspection program, temperature monitoring program, formal staffing plans for employees and detainee workers, weekly cleaning schedules, a number of Standard Operating Procedures, security standard and procedures, inmate kitchen worker orientation checklist, health screening, emergency evacuation plan in compliance with the fire safety committee, emergency contingency plans, just to highlight a few.



During tours of the housing units, inmate's opinions were mixed with respect to meals. Many cited that peanut butter daily was excessive and many complained that the food was quite bland. The bland complaint is understood with a low sodium diet. As a result CBM will be introducing new items with the menu scheduled for implementation May 1, 2013. Regarding peanut butter the current menu shows that inmates are receiving peanut butter every day alternating between breakfast and lunch. Other alternatives should be explored. CBM conducted a survey of inmates regarding meals and another one is planned for June, 2013. Additionally the Sanitarians routinely ask detainees for comments while in the divisions and CBM tests new products with inmate kitchen workers. During my assessment of both kitchens I noted the following issues that need to be addressed:

1. The training matrix should be modified to show specific job categories and the training necessary for each of them. All categories will require some of the same training, while sanitation, maintenance, food preparation, will only be required for those employees and inmates working in those specific areas. Also provided a trainer's signature when formal training is conducted.
2. CBM supervisors need to assure that documentation of the inmate orientation process is recorded and that expectations are being followed.
3. Inmate food trays, once cleaned and sanitized need to be stored in a way that allows them to dry between meal services. The hard trays are only used for the hot dinner meal. The current practice of stacking and wrapping the trays to hold them in place is not permitting them to air dry in the roughly 24 hour period.
4. CBM needs to develop equipment specific SOPs for effective cleaning and sanitization. The instructions should always follow the equipment manufacturer's operating manual recommendations.
5. The cleaning and sanitizing checklist should be changed to include each shift and specific areas needing routine cleaning
6. There was a considerable accumulation of debris including pallets and crates in front of the electrical room in the back dock area that needs to be moved and organized so as not to provide harborage for pests.
7. The condenser/compressor fans in all of most of the walk-in refrigeration units had an accumulation of dirt and dust, allowing the dust and dirt to be blown directly on containers of food. They need a thorough cleaning and need to be included on the cleaning and maintenance schedule.
8. Hard boiled eggs being chilled in the walk-in refrigerator need to be covered during the cooling process. Several of the eggs in each container were cracked exposing the food.

9. Detainee workers clothes are washed and dried in a laundry adjacent to the kitchen. Make sure that there is a physical barrier between the cleaned clothes and the interior of the hamper that also stores dirty laundry.
10. The Material Safety Data Sheet (MSDS) binder should be tabbed to allow for quick access in case of an accidental spill or emergency.
11. The door to the ice machine does not effectively close. Either repair or replace the door.

In the Division XI kitchen I noted the following:

1. A shadow board needs to be constructed to be able to immediately show any tools that are missing.
2. The tool control checkout and check-in sheet needs to be modified to show time of return
3. For both an SOP should be developed and training provided to assure that it is being followed.
4. During the audit of the kitchen, inmate workers arrived for work. I did not observe handwashing before putting on gloves. Inmates should be adequately supervised to reinforce the inmate training.
5. In the janitorial room, tools are not inventoried. A mop was missing and CBM staff could not account for it. There needs to be procedures developed and training provided to assure that all tools including mops are accounted for at all times. This is a security issue for employees and detainees.
6. I did not observe that food temperatures were being monitored along the tray filling line. While temperatures were being recorded on the log, they apparently were being documented from memory rather than the actual recording. Training and expectations of the importance of accurately measuring and recording temperatures need to be understood by all employees.
7. Water was observed leaking from the ceiling in that walk-in refrigerator. This has been an ongoing issue and needs to be repaired. We could not determine the source of the water.
8. The insulation on the pipes for the warewashing equipment is exposed and needs to be either replaced or encapsulated.
9. Please provide copies of the pest control reports from the contractor for review, along with summary reports of sightings and treatments. This also needs to be reviewed by CCDOC sanitarians as pest control is currently conducted by a different contractor than the one servicing CCDOC.

**Monitor's Recommendations:**

1. Continue with inmate surveys for input on food preferences.
2. Continue to use the CCDOC Sanitarian to conduct at least weekly inspections of both kitchens. He should create work orders when needed and corrective action plans when any violations of the food code and/or CCDOC policy are found and identify the person responsible for taking the corrective action within CCDOC, DFM, or CBM. The inspection should include a review of CBM's internal inspection and corrective actions taken. The results of both internal and CCDOC inspections should be a regular agenda item for the weekly meetings. Please continue to provide me with copies of the meeting summaries.
3. CBM management should continue to conduct weekly inspections and provide a copy of the inspection report to CCDOC with a corrective action plan for any deficiencies identified. CBM needs to assure that the internal inspections are not merely a box checking exercise and that the reports reflect all operations within the kitchen. CBM staff conducting the inspections need to be trained on what to look for, how to identify issues. CCDOC Sanitarians should be able to assist in the training. It will help CBM staff understand public health principles for food safety. CCDOC should as part of its inspection responsibilities monitor and record the completion of all corrective actions taken and work orders completed.
4. Establish a formal program to assure corrective actions are taken on the issues identified in the monitor's assessment portion of this provision. CCDOC needs to develop and implement an effective written policy and procedure for their officers to assure that all tools used in the kitchens are inventoried at the beginning and end of each shift and the process that tools are controlled through sign out/in logs anytime a tool leaves the shadow board. Tools, (utensils) both large and small, used in the kitchen pose a security risk and as a result need to be managed by CCDOC security staff and not the food service contractor. I intend to review this policy when it is completed and observe practice during a subsequent visit.
5. Provide evidence that training is or has been provided for security officers and CBM employees in the kitchen responsible for tool control. It should include techniques to observe the effective use of all tools and assure that when finished, all tools are returned to the shadow board and accounted for before the end of any shift, and are marked as returned in the tool control log. The training needs to also include the procedure to be followed when any tool is found to be missing or broken.

**85. Food Service**

- b.** CCDOC shall ensure that all food service staff, including inmate staff, must be trained in food service operations, safe food handling procedures, and appropriate sanitation.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

All CBM management employees are Certified Food Safety Managers through the accredited Serv-Safe program and documentation is maintained showing that “Food Manager Certification” certificates that are current. Further CBM provides regular training of inmates using a check list that is signed by CBM staff and the inmate kitchen worker demonstrating that they have had food safety training pertaining to their assigned responsibilities. CCDOC Sanitarians have created a new inmate training video that addresses health issues and personal hygiene that will be shown to all potential inmates before they are assigned to work in the kitchens.

**Monitor’s Assessment:**

The State of Illinois requires food service managers to successfully complete a “State” approved food manager certification program. In my meeting with CBM, I saw evidence that their management staff meets the contract obligations and the State of Illinois requirements for the training program. Of the approximately 57 positions shown on their staffing plan, 34 have successfully completed and maintain Serv-Safe Certification. During my tour of the food service operations I only observed a couple of instances where employees were not following training. This includes monitoring and documenting food temperatures of potentially hazardous foods and assuring the maintenance of all equipment. CCDOC Sanitarians meet weekly with CBM to discuss outstanding issues including DOJ compliance issues, sanitation, preventative maintenance issues, inspection findings, and training. CBM provide me with a copy of their training matrix which includes formal training programs for diets, utensils and thermometers, tool control, dish machine operation, work orders security, handling leftovers, food safety, labeling of foods etc.

**Monitor’s Recommendations:**

1. None at this time.

**85. Food Service**

- c. CCDOC shall ensure that the Central Kitchen and Division XI kitchen are staffed with a sufficient number of appropriately supervised and trained personnel.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE****Status Update:**

Based on the staffing plan provided during the tour, CBM maintains a staff of 57 employees either full or part time with schedules to assure adequate coverage daily and including weekdays. They have a documented food service staffing guide that outlines the starting and ending times for all employees. Their schedules are established to start as early as 2:30AM through 1:00AM depending on whether they are preparing food, doing maintenance, sanitation, or receiving foods. Additionally they utilize

approximately 232 detainees scheduled over three six to eight hour shifts just in the central kitchen to work in a variety of food service operations including preparation, filling meal trays, sanitation, warewashing, etc. Division XI inmate workers are assigned to work in that Division's kitchen to prepare and tray the dinner hot meal. The contractor is responsible for supervising their employees and the inmate workers assigned to the kitchen. CCDOC identifies and provides the inmate workers as needed. CCDOC also provides security officers for the kitchen. CCDOC provides staff to for transport the prepared meals to all divisions either by transport truck or by carts through the tunnel system. Training of kitchen staff for security is provided by CCDOC; training for inmate staff on food safety, preparation and clean up is provided by the contractor and by CCDOC. As mentioned earlier in this report, CCDOC has developed a training video for initial training for inmate workers.

#### **Monitor's Assessment:**

Based on my observations during the tour and discussions with CCDOC qualified, trained and adequate number of staff is on hand at all times to assure timely preparation and service of meals to detainees. The regular weekly meetings between CCDOC staff including the staff sanitarians, security staff, management and CBM will include discussions of adequate staffing should it become an issue. As reported in previous reports, CCDOC appears to have a sufficient number of staff to supervise the security for inmates assigned to work in both kitchens and provide effective tool control. During this tour there was an issue with inmate workers because of an apparent viral outbreak among inmate kitchen workers. CCDOC worked effectively with Cermak to identify other workers and appropriately using Center for Disease Control recommendations to determine how soon inmate workers could return.

#### **Monitor's Recommendations:**

1. None at this time.

#### **85. Food Service**

- d. CCDOC shall ensure that dishes and utensils, food preparation and storage areas, and vehicles and containers used to transport food are appropriately cleaned and sanitized.

#### **FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

##### **Status Update:**

CBM has developed for both kitchens a daily and weekly cleaning schedule and checklists for each room and the equipment in the kitchens such as the meat/packing room, wet room, bakery/packing room, dock, dry storage areas, and the main kitchens. It identifies what is to be cleaned, the frequency and who is responsible for the cleaning. CBM trains, uses, and supervises inmate workers to clean and sanitize all areas identified on the cleaning schedule. Once completed, the supervisor initials the form

and the records are maintained and are available for the Sanitarians to review during inspections. The trays used for the hot meal each day are washed and sanitized using the two warewashers available, and the carts used to transport the trays to the Divisions are cleaned daily by the inmate workers following a procedure developed by the CCDOC Sanitarians.

**Monitor's Assessment:**

The two warewashers are scheduled for a complete servicing to replace worn parts and repair by the equipment manufacturer. Cleaning and sanitizing SOPs are in the process of being developed using the equipment manufacturer's operating manual cleaning procedures. This will take some time as much of the equipment is old and operating manuals have to be retained from the manufacturer. During my tours of both kitchens I found that all rooms and equipment were cleaned and maintained. Sanitarians indicated that their inspections found the same. Most of all the equipment that is no longer being used has been removed from the kitchens. All equipment appeared to be adequately maintained.

**Monitor's Recommendations:**

1. CBM needs to develop written Standard Operating Procedures for cleaning and sanitizing each piece of equipment in accordance with the manufacturer's recommendations.
2. Modify the cleaning checklist to assure that it includes not just daily cleaning of areas and equipment, but also each shift, if appropriate.
3. CCDOC should continue conducting independent inspections of all food service areas. It is key to assure that CBM takes corrective action when issues are identified so that sanitation, maintenance and food service is acceptable.

**85. Food Service**

e. CCDOC shall check and record, on a regular basis, the temperatures in the refrigerators, coolers, walk-in-refrigerators, the dishwasher water, and all other kitchen equipment with temperature monitors to ensure proper maintenance of food service equipment.

**FEBRUARY, 2013 COMPLIANCE STATUS: SUBSTANTIAL COMPLIANCE**

**Status Update:**

The monitoring and recording program in place demonstrates that this provision is currently in substantial compliance. CBM has implemented an effective monitoring program for all refrigerators, freezers, and warewasher equipment. Logs of the temperature measurements are not only reviewed by CBM management, but also provided to the CCDOC Sanitarians for review weekly. Any repairs deemed necessary as a result of monitoring is completed by CBM staff maintenance workers.

**Monitor's Assessment:**

I reviewed temperature logs on each refrigerator and freezer in both kitchens during this tour. The logs were current, legible and maintained as necessary.

**Monitor's Recommendations:**

1. None at this time. I will again review this issue again during the next visit.